



South Dakota Mental Health Statistics Improvement Program (MHSIP)

Year 2004: What Do Youth Consumers and Family of Children and Youth Respondents Say About Mental Health Services?

The South Dakota Mental Health Division initiated a project to obtain evaluations by youth consumers of services received from local community mental health centers. Since 2001 random surveys have been conducted yearly of youth fourteen years of age or older who had serious and persistent mental illnesses. Starting in Year 2003 random surveys were also conducted of Family of Children and Youth as well. All eleven community mental health centers have volunteered to participate in these surveys.

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Survey Distribution and Returns

The Youth and Family of Children and Youth samples were derived from all active cases who had received at least one service in the last 3 months. Where possible 100 cases were randomly selected from each Center, of which 80 were sent out and 20 were reserved for those questionnaires sent back as undeliverable. Where there were fewer than 100 cases appropriate compromises were made.

Youth Sample: For Year 2004, out of 645 surveys sent out 74 surveys were returned as undeliverable because of a bad address, leaving 571 possible successful returns. Compared to last year this represents a decrease of 12% in the number of youths being served.

Surveys were returned by 122 youth, for a return rate of 21%, identical to last year's return rate. Youth were included in the subsequent analyses only if they had completed sufficient items to compute at least two of the MHSIP domains. One hundred fifteen (115) youth did this. This represents a return completion rate of 20%.

Number of Surveys Completed by Centers for each Year

PROVIDERS	Grand Total	Year 2001	Year 2002	Year 2003	Year 2004 mailed	Delivered	Y2004 Usable	Y2004 %Usable
Not Available	22	18	0	4			0	
Behavior Management Systems	47	12	20	15	92	77	17	22.1%
Capital Area CS	20	7	5	8	41	38	8	21.1%
Community Counseling Services	24	10	9	5	40	36	8	22.2%
Dakota Counseling Institute	50	9	22	19	82	63	24	38.1%
East Central Mental Health	12	9	1	2	11	10	2	20.0%
Human Service Agency	32	10	11	11	57	52	6	11.5%
Lewis and Clark Behavioral Health Services	62	20	21	21	97	87	18	20.7%
Northeastern Mental Health Center	60	27	17	16	98	87	14	16.1%
Southeastern Behavioral HealthCare	38	6	22	10	75	69	12	17.4%
Southern Plains Behavioral Health Services	23	3	6	14	25	25	5	20.0%
Three Rivers Mental Health	14	2	6	6	27	27	1	3.7%
Totals	404	133	140	131	645	571	115	20.1%

The table above shows the number of surveys completed for each Center for the four years the survey has been conducted. Of those delivered this year, Center completion rates varied from a low of 4% to a high of 38%

Family of Children and Youth sample: For Year 2004 out of 932 surveys sent out, 97 surveys were returned as undeliverable because of a bad address, leaving 835 possible successful returns. Surveys were returned by 251 respondents; this represents a return rate of 27%, slightly lower than last year's return rate of 31%. These returns were included in the subsequent analyses only if the family member had completed sufficient items to compute at least two of the MHSIP domains. Two hundred five (240) respondents did this, for a return completion rate of 29%, virtually identical to that of last year.

The table below shows the number of surveys completed for each Center for Years 2003 and 2004. Center completion rates varied from 8% to 39%.

The return and completion rates for these two populations are quite respectable.

Both survey instruments were based on a version of a national instrument designed for youth and for family members/caretakers of youth that is being implemented in many states through the MHSIP Program. The two survey instruments were identical except for wording changes that made it clear on the one hand that the Youth were answering questions about themselves, while the Family of Children and Youth were answering questions about their child or youth.

Number of Surveys Completed by each Center for Years 2003 & 2004

PROVIDERS	Year 2003	Year 2004 mailed	Delivered	Y2004 Usable	Y2004 %Usable
Not Available	3			4	
Behavior Management Systems	27	92	81	31	38.3%
Capital Area CS	20	91	82	27	32.9%
Community Counseling Services	21	100	88	28	31.8%
Dakota Counseling Institute	11	87	72	23	31.9%
East Central Mental Health	6	28	26	2	7.7%
Human Service Agency	25	78	69	13	18.8%
Lewis and Clark Behavioral Health Services	15	100	95	37	38.9%
Northeastern Mental Health Center	25	100	89	17	19.1%
Southeastern Behavioral HealthCare	19	94	77	24	31.2%
Southern Plains Behavioral Health Services	12	72	69	19	27.5%
Three Rivers Mental Health	21	90	87	15	17.2%
Grand Total	205	932	835	240	38.3%

Thus Youth consumers along with Family of Children and Youth parents/guardians were asked to agree or disagree with 21 statements related to the ease and convenience with which they got services (used to compute the domain of Access), the quality of services (used to compute Appropriateness), results of services (used to compute Outcomes), ability to direct their own course of treatment (use to compute Treatment Participation) and staff sensitivity to their background/culture (used to compute Cultural Sensitivity). Finally, an Overall MHSIP score was defined from the average consumer response to all MHSIP items. This MHSIP score was computed only if two-thirds or more of the questions that comprise the score were answered; otherwise that scale was left blank.

As just defined, scores ranged from a 1 (the most positive response) to a score of 5 (the least positive response). A consumer whose domain score was less than 2.5 was defined as having been 'satisfied' with respect to that domain. Scores of 2.5 to 3.5 were defined as 'neutral' and scores higher than 3.5 were considered unsatisfied with respect to that domain.

Results for each of these two populations will be compared and contrasted. While the age of the youth who fill out the MHSIP survey is restricted to those 14 years of age or older (actual age range was 14.3 to 18.2), the age of the children and youth in the family sample varied from 2.2 to 18.3 years of age. Seventy-nine of the Family of Children and Youth respondents, approximately one-third of the sample, were age 14 or older. Where necessary, comparisons between the Youth and Family of Children and Youth will be restricted to those 14 years of age or older.

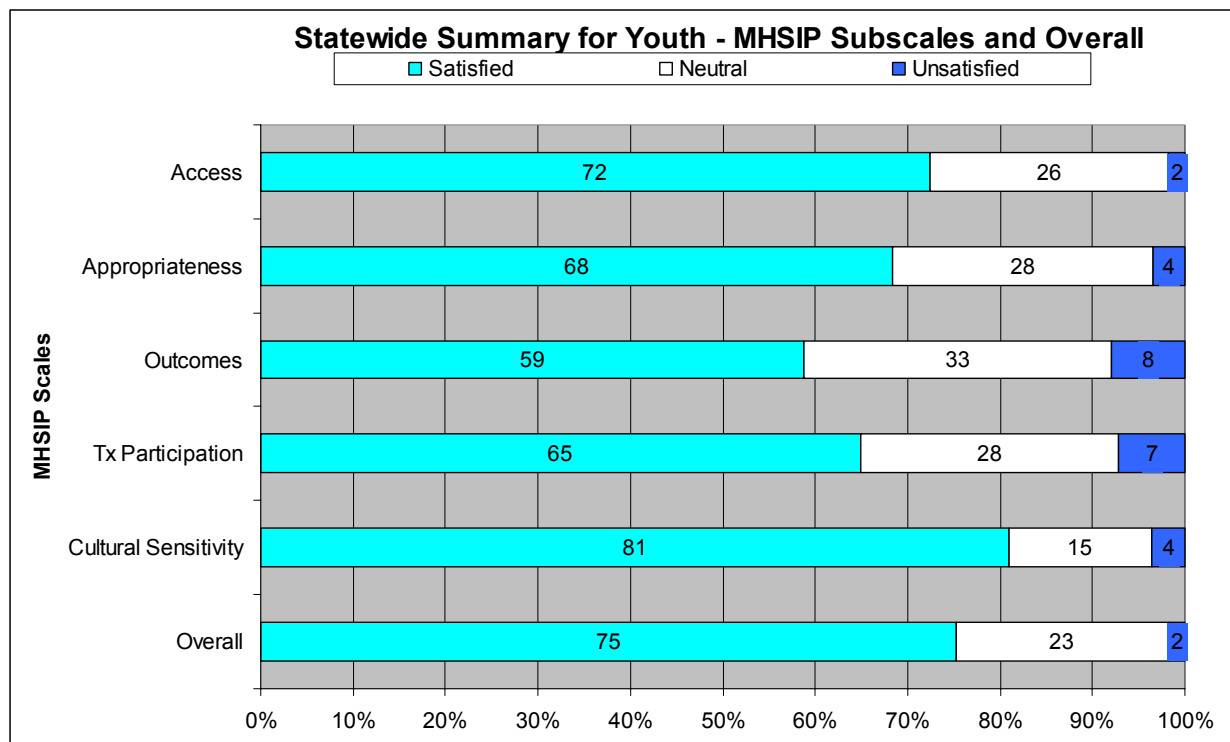
This data will for the most part be analyzed and presented based on two different types of scores. The main analyses will use the scores themselves as the measure, and compare averages over groupings or levels of another variable. A supplementary set of analyses will use a less powerful statistical technique, chi square, to look at whether a consumer has been classified as 'satisfied',

‘neutral’, or ‘dissatisfied’ on a particular domain or on the MHSIP overall in relationship to these same groupings or levels of another variable.

Findings Statewide

Youth sample Statewide: For the Youth sample results for MHSIP Scale overall are shown in the chart on the next page. This chart presents the percentage of respondents whose evaluations indicate that they were satisfied, neutral, or unsatisfied as defined above. This was done separately for each domain and for the MHSIP Overall.

For the current Youth sample results appear slightly more positive ‘visually’ when compared to last year’s results. To assess whether this represented a ‘real’ change, respondent’s average score in each domain were compared for years 2003 to 2004. There was no evidence of a statistically significant change, however ($p > .10$ in all cases).



For the Youth sample the average score and standard deviation for each domain and for the MHSIP Overall are presented in the table below. Also included for each domain is the number (and percentage) of these 115 youth consumers for whom a score could be computed.

Domain	# (and %) of valid scores from the 117 respondents)	Mean	Standard Deviation
Access (based on 2 items)	109 (95%)	1.99	.73
Appropriateness (based on 7 items)	114 (99%)	2.09	.73
Outcomes (based on 6 items)	114 (99%)	2.35	.73
Treatment Participation (3 items)	111 (97%)	2.28	.72
Cultural Sensitivity (5 items)	110 (96%)	1.90	.77
MHSIP Overall (based on all 23 items)	113 (98%)	2.14	.54

Outcomes is the domain most closely based on actual behavioral outcomes, and was the domain that adult consumers rate least positively. Outcomes is also the domain that youth consumers rated least positively, both in terms of their mean response and in terms of the percent satisfied. It is interesting to note that Treatment Participation was the domain rated least positive by Youth for the two previous years.

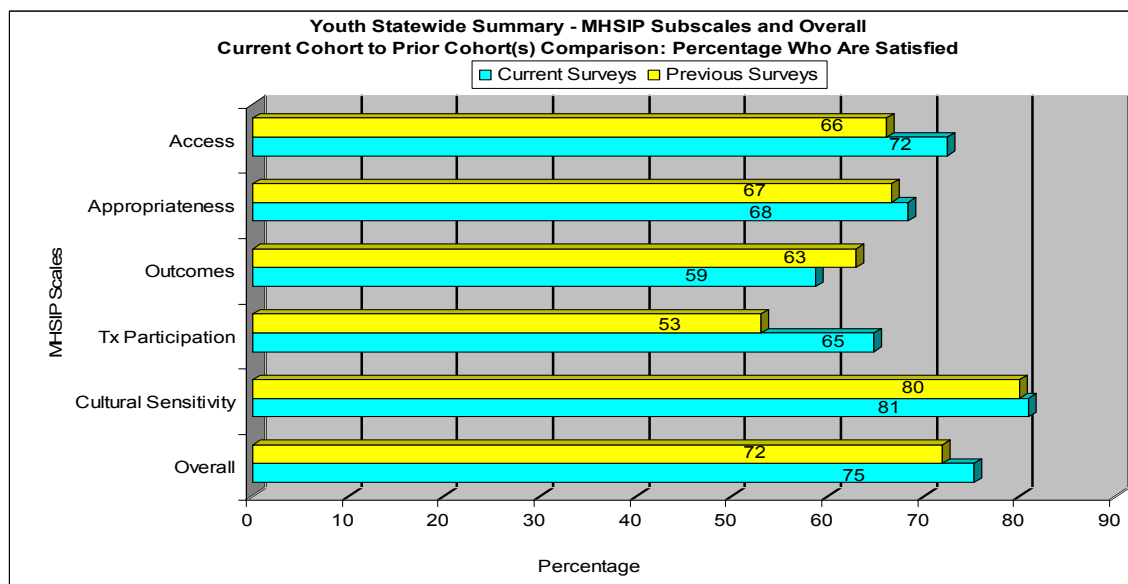
Statistically the mean ratings for the domains of Outcomes and Treatment Participation were significantly less positive than the means of any of the other domains ($p < .01$); their means did not differ from each other. Cultural Sensitivity, the domain rated most positively on average, differed significantly from the means of all other domains ($p < .05$ and beyond). The mean ratings for the domains of Access and Appropriateness were between the average ratings for the other domains..

Compared to the ratings of adult consumers, Youths' ratings were somewhat more negative on some domains, but in general were more similar than not.

A correlational analysis was done to assess the degree of consistency among the domains. In the last two years there has been a relatively high degree of consistency in youth consumer ratings among all the domains. This is not as true for this year's responses. There are low correlations between the domain of Access and the domains of Outcomes and Treatment Participation (0.08 and 0.26 respectively). All other correlations range from 0.42 to 0.73. This does attest to the fact that youth consumers were discriminating in their ratings of these five domains.

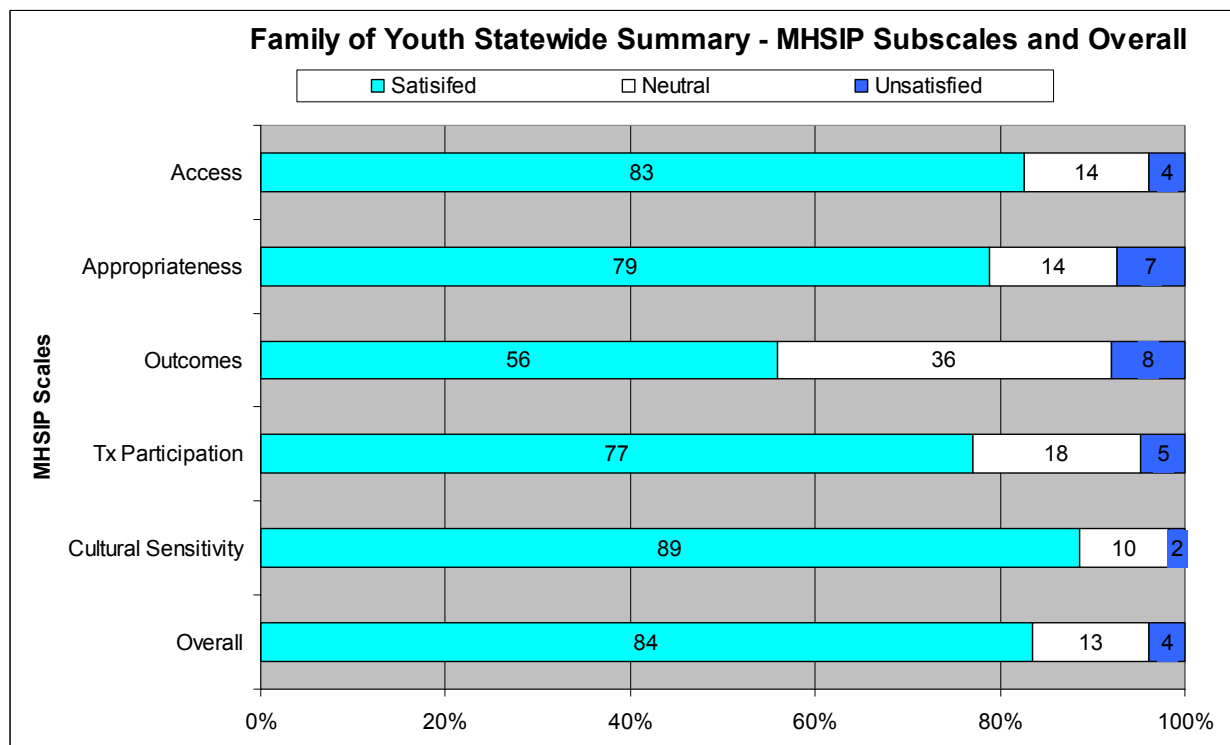
A similar finding occurs when analyzing data from all four years. In this case there are relatively low correlations between the domain of Access and the domains of Outcomes and Treatment Participation (0.36 and 0.45 respectively). All other correlations range from 0.49 to 0.72.

Additional "trend" analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the four administrations of the questionnaire. None were found. That is, there is no evidence that, on average, scores on the MHSIP scales had changed. There was, however, a tendency in the pattern of scores over these four years for all domains except for Outcomes. That is, for the other four domains there was a general tendency for the average ratings to improve over the four years of the survey. Thus Year 2004 means were more positive than the mean ratings for any other year. Again, the one exception to this tendency was in the domain of Outcomes. The chart below, which shows the percentage of youth consumers satisfied in each domain for Year 2004 compared to the three previous years, illustrates this. Note that the 'improvement' is especially strong for the domain of Treatment Participation.



Family of Children and Youth sample Statewide: For the Family of Children and Youth sample results for MHSIP Scale overall are shown in the chart on the next page. This chart present the percentage of respondents whose evaluations indicate that they were satisfied, neutral, or unsatisfied as defined above. This was done separately for each domain and for the MHSIP Overall.

The results for the Family of Children and Youth respondents were quite positive. Visually, these results were even more positive than those for adult and youth consumers for all domains except for Outcomes.



For Family of Children and Youth respondents the average score and standard deviation for each domain and for the MHSIP Overall are presented in the table below. Also included for each domain is the number (and percentage) of the 240 parents/guardians of consumers for whom a score could be computed.

Domain	# (and %) of valid scores from the 117 respondents)	Mean	Standard Deviation
Access (based on 2 items)	235 (98%)	1.85	.84
Appropriateness (based on 7 items)	231 (96%)	2.00	.92
Outcomes (based on 6 items)	238 (99%)	2.41	.80
Treatment Participation (3 items)	231 (96%)	2.00	.84
Cultural Sensitivity (5 items)	219 (82%)	1.69	.72
MHSIP Overall (based on all 23 items)	231 (96%)	2.04	.68

Outcomes is the domain most closely based on actual behavioral outcomes, and was the domain that Family of Children and Youth respondents rated least positively by a substantial margin. All

other domains were rated quite positively. With the exception of the domain of Outcomes, Family of Children and Youth respondents were more positive on all of the other four domains.

For the sample, the mean ratings for the domain of Outcomes was significantly less positive than the mean ratings for the other four domains ($p < .001$). Cultural Sensitivity was the domain rated on average most positively; this domain was statistically more positive than all other domains ($p < .01$). Finally the mean rating for the domain of Access was reliably more positive than the mean ratings for the domains of Appropriateness and Treatment Participation ($p < .05$).

As was the case last year there was a high degree of consistency in the way consumers rate each of these five domains. Correlations between pairs of domains fell between 0.34 and 0.74.

Additional analyses were carried out to determine whether there were any consistent changes in MHSIP scale scores over the two administrations of the questionnaire. None were found ($p > .15$ for all analyses). That is, there is no evidence that, on average, scores on the MHSIP scales had changed from Year 2003 to the current administration of the survey.

Youth and Family of Children and Youth comparison: Parent/guardian respondents and youth respondents were compared on their average responses to each of the five domains and to MHSIP Overall. These two group's average ratings on two of the domains, Treatment Participation and Cultural Sensitivity, did differ statistically. In both cases family respondents were significantly more satisfied than youth respondents (TX Participation: means of 2.00 vs. 2.28 respectively, $p < .01$, small-to-medium effect size; Cultural Sensitivity: means of 1.69 vs. 1.90 respectively, $p < .05$, small effect size). None of the other comparisons were reliably different ($p > .15$).

It is possible that the significant difference found on these two MHSIP domains is due to a bias or confounding, as there are three major differences between Youth and Family of Children and Youth sample. One such difference is, of course, whether the person filling out the questionnaire is the consumer. The second is the age of the child or youth. Children in the Youth sample are restricted to those 14 years of age or older; there is no such restriction in the Family of Children and Youth sample. The third are associated characteristics such as living situation. To control for the second and third issues, at least to the degree possible, the same analyses were repeated with the Family of Children and Youth sample restricted to those 14-years of age and older who had lived with their parents and had not lived in a group home or correctional facility. Results very similar to those using the entire sample were found (because of the decreased n and the mean difference above decreasing by 50%, $p = .06$ in both cases). Since even more extensive differences were found last year it is likely that these are real differences rather than artifacts based on differing characteristics of the sample.

Description of Respondents – Youth and Family of Children and Youth

Respondents will first be described for the Youth sample. A description of respondents for the Family of Children and Youth sample will follow.

Youth: Below is a table that presents the breakdown of gender with race/ethnicity. As the table below shows, about the same number of male and female youth were represented in the surveys; this represents an increase in the percentage of male respondents. Three of the respondents did not provide birthdates. Of the remaining all reported that their age was 14 or higher. One reported a date-of-birth corresponding to an age of 20. Of those reporting their race/ethnicity most were

White, Non-Hispanic (69%), leaving 31% minority youth respondents. This percentage is very similar to the percentage in the preceding two surveys.

Youth: Count of Individuals Completing Items for Two or More MHSIP Domains

Race/Ethnicity - Gender	Male	Female	Unknown	Total
White Non-Hispanic	40	37	0	77
Non-white	16	19	0	35
Unknown	2	1	0	3
Total	58	57	0	112

For this year's survey 70 youths (61%) reported that they had lived with a parent in the past 6 months. Fourteen (12%) of youths reported they had lived with relatives, ten (9%) reported they had lived in a Foster Home in the past 6 months, eleven (10%) had lived in a Group Home and twelve (10%) had lived in a state correctional facility. Twelve (11%) of youths had appeared in court in the past 6 months; all but one of these were charged with a crime. Seventy-four of 112 youth who responded (64%) reported that were on medications for behavioral health problems. Twenty-four (22% of those who reported) indicated they were no longer receiving services from the Center. Finally, slightly over half of the youth who responded indicated that their parents were receiving services.

Please see Appendix A. Results from Demographic Questions on Survey for charts showing responses to each demographic question on the survey.

Family of Children and Youth: Below is a table that presents the breakdown of gender with race/ethnicity. As the table below shows, more male youth (57%) were represented in the surveys than female (43%). This is the same percentage as reported in last year's survey. Fourteen respondents did not provide birthdates for their youth. Of those who did, ages ranged from between two one-half through eighteen years, with one outlier at twenty-three years of age. All but one respondent included information on race/ethnicity; most were White, Non-Hispanic (72%), leaving 28% minority. This is very similar to the percentages reported last year.

Family of Children and Youth: Count of Child/Youth Consumers Completing Items for Two or More MHSIP Domains

Race/Ethnicity - Gender	Male	Female	Unknown	Total
White Non-Hispanic	105	66	1	172
Non-white	31	36	0	67
Unknown	0	1	0	1
Total	136	103	1	240

For this year's survey of parents or guardians (including foster care parents) 151 of these children or youths (63%) had lived with a parent in the past 6 months. Twenty-one (9%) of these children and youths had lived in a Foster Home in the past 6 months, seven (3%) had lived in a Group Home and six (2.5%) had lived in a state correctional facility. Twenty-six (11%) of these children and youths had appeared in court in the past 6 months (of these 66% were charged with a crime). One hundred eighteen (51% of those who responded) were on medications for behavioral health problems. Fifty-two (22%) indicated they were no longer receiving services from the Center. One hundred sixty-eight (70%) responded positively with regard to whether parents were receiving services.

Thus in comparing these two samples, with two exceptions the two samples appear quite similar. First, the Youth sample is restricted, at least in theory, to those 14 years of age and older. Second, perhaps not surprisingly, children and youth in the Family of Children and Youth survey compared to the youth in the Youth survey were significantly less likely to have lived in a group home, residential treatment facility, or state correctional facility during the last six months ($p < .05$).

Please see Appendix B. Results from Demographic Questions on Survey for charts showing responses to each demographic question on the survey.

This year an additional question was included in the survey of Family of Children and Youth; respondents were asked to indicate whether they were a parent ($n=171$, 72%), a relative ($n=11$, 5%), a guardian ($n=23$, 10%), a staff person ($n=14$, 6%), or other ($n=18$, 8%) Others were with two exceptions foster parents; the two exceptions were one teen who himself answered the survey, and a teen in the same living situation who filled out the survey for a child.

Descriptively parents reported being more satisfied on the MHSIP domains and on MHSIP overall than were members of the other four groups. For statistical purposes the responses of parents were compared to the responses of all other groups. There were no differences between these two groups of respondents ($p > .15$ in all cases).

Findings by Center

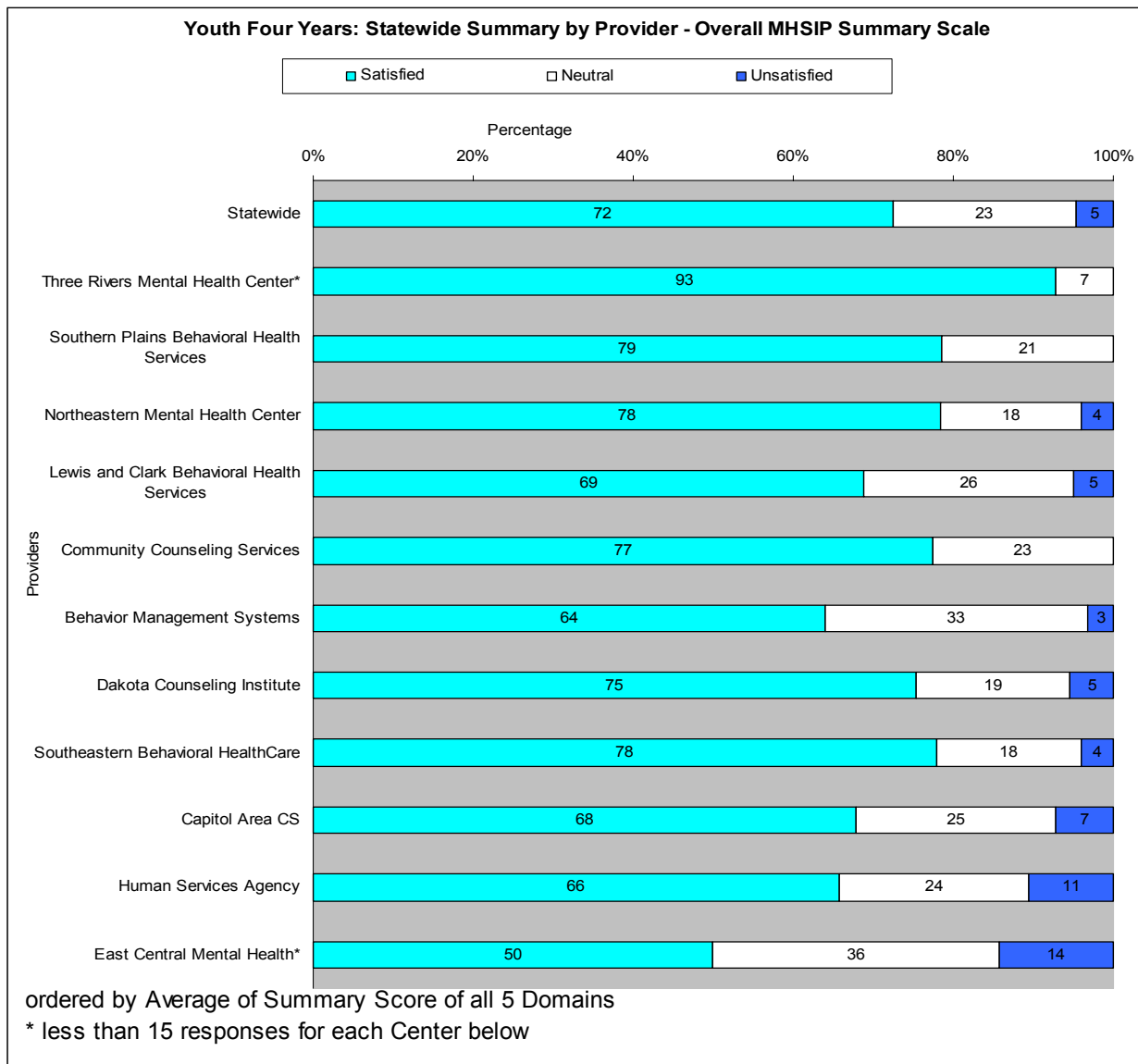
Overall survey results for each Center for each of the two surveys are shown on the next two pages; results of the Youth survey are presented first, followed by the Family of Children and Youth survey. This will be followed in the same manner by results for each domain the survey was designed to evaluate: Access to Services (the ease and convenience with which they got services), Appropriateness of Services (the quality of services), Outcome of Receiving Services (results of services), Treatment Participation (ability to direct their own course of treatment) and Cultural Sensitivity (staff sensitivity to their background/culture).

Note that in the graphs that follow, small differences in percentages between Centers are not meaningful. Many things may account for the differences you see in charts comparing Centers. Some of the differences may be because the Centers, their services, or the characteristics of their consumers vary.

The 115 youth who completed Year 2004 Youth surveys were served by 11 Centers. Six of the eleven Centers had eight or fewer respondents. Eight of the element had fewer than 15 returns. Number of returns ranged from a high of twenty-three (Dakota Counseling Institute) to a low of one (Three Rivers MHC).

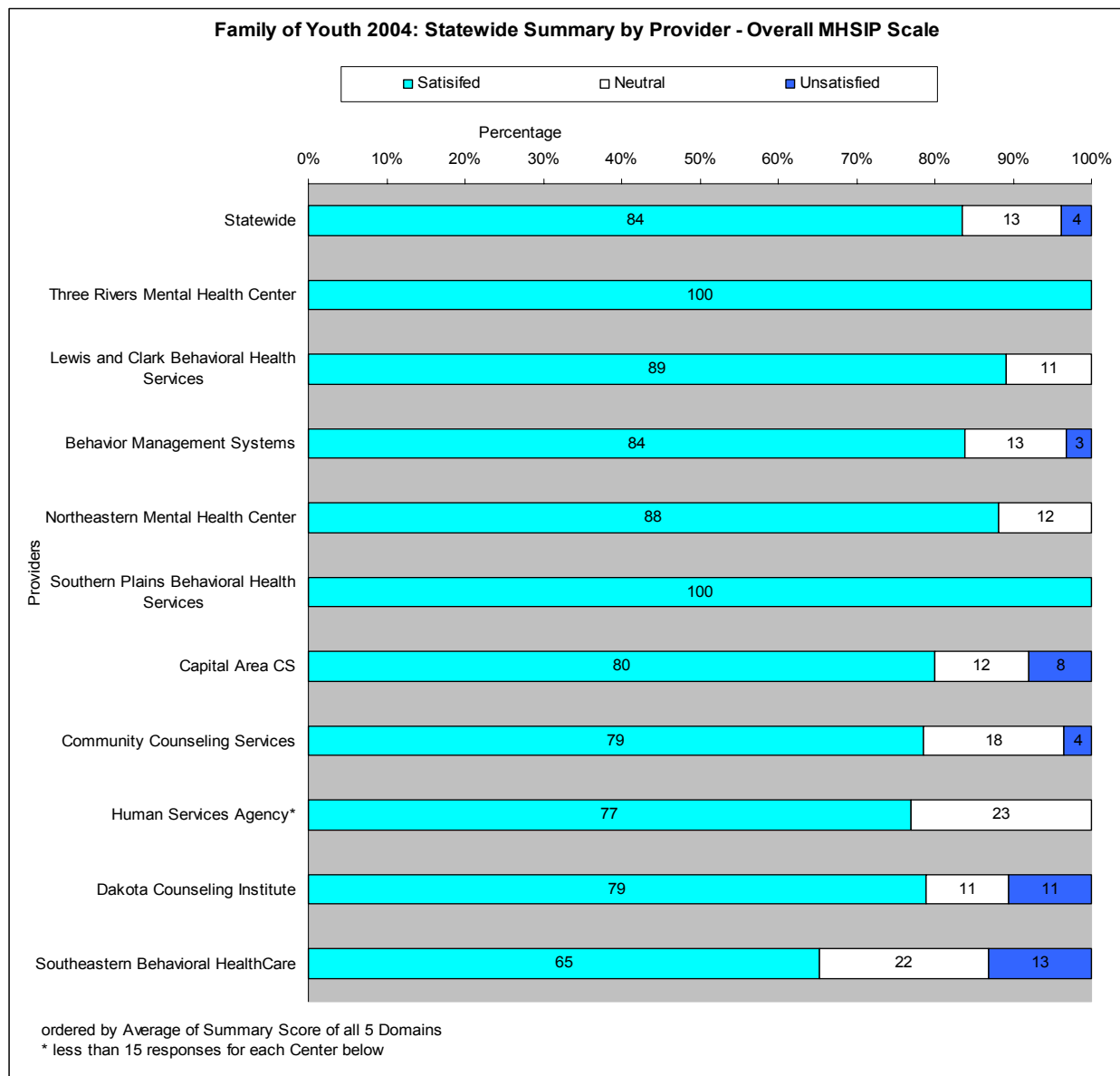
Charts and statistics for this year's findings will not be presented for Youth because of the high percentage of Centers with small numbers of returns. Rather charts and statistics will be presented for Youth surveys over the four years the survey has been conducted.

The 240 parents and guardians who completed Year 2004 Family of Children and Youth surveys were served by the same 11 Centers. Two of the eleven Centers had fewer than fifteen respondents; one - East Central Mental Health – had only two responses and was eliminated from the charts and tables for Year 2004. Number of returns ranged from a high of twenty-eight (Community Counseling Services) to a low of two (East Central Mental Health). On the following pages are charts comparing Centers for the MSHIP overall as well as each of the five MHSIP domains.



Youth: For the overall MHSIP Summary score over the four years, statewide 72% of consumers were satisfied. The Center satisfaction rates ranged from a low of 50% to a high of 93%. Two Centers have more than 10% of their respondents unsatisfied (see chart above). The table below shows for each Center the means and number of respondents for the overall MHSIP summary score. Differences among Centers over these four years was not statistically significant ($p > .40$).

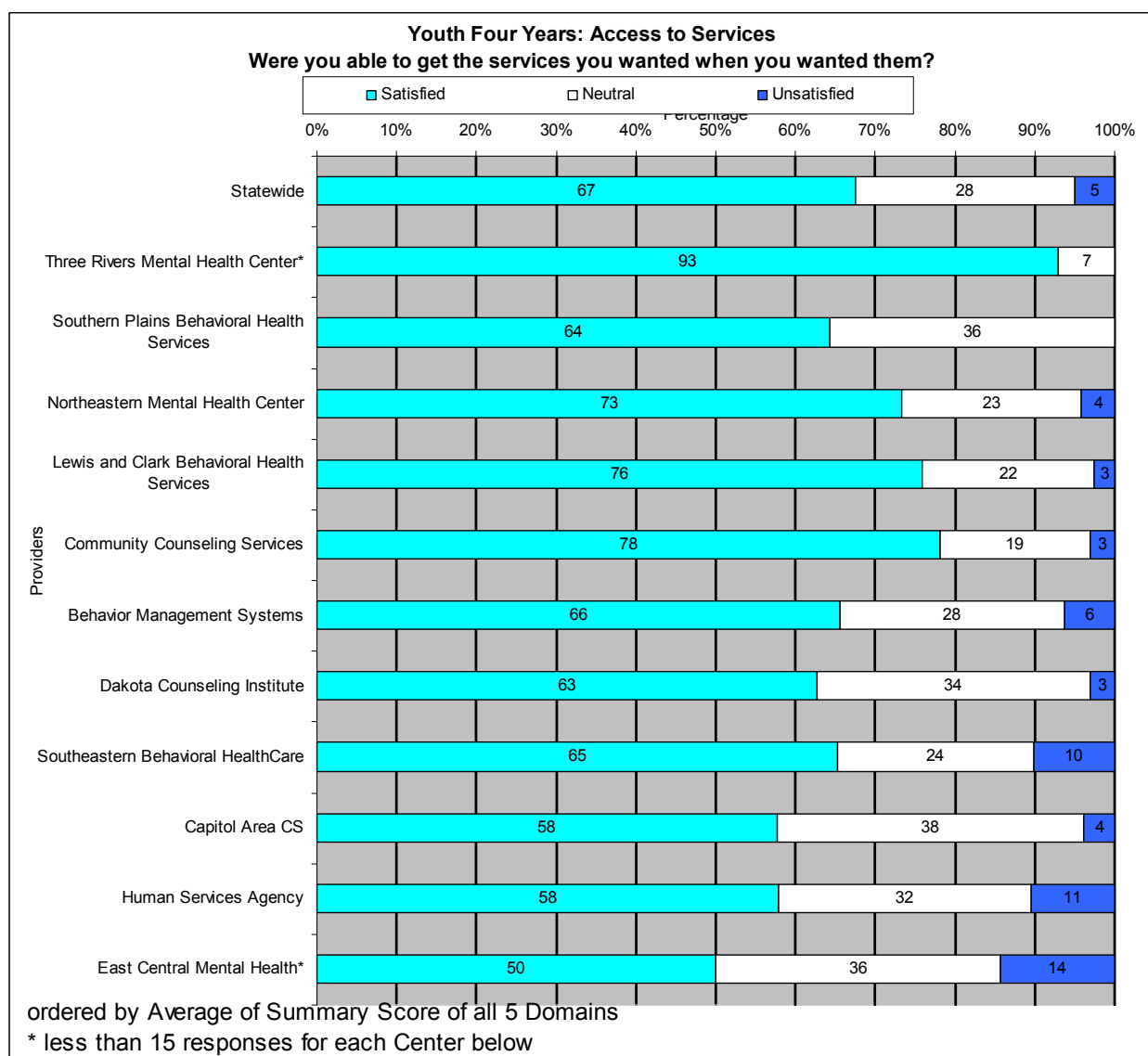
Three Rivers Mental Health	2.06 (14)	Dakota Counseling Institute	2.24 (73)
Southern Plains Behav. Health Serv.	2.13 (28)	Southeastern Behavioral HealthCare	2.25 (50)
Northeastern Mental Health Center	2.15 (74)	Capital Area CS	2.27 (28)
Lewis and Clark Behav. Health Serv.	2.20 (80)	Human Service Agency	2.42 (38)
Community Counseling Services	2.22 (31)	East Central Mental Health	2.57 (14)
Behavior Management Systems	2.23 (64)	Statewide Average	2.14 (516)



Family of Children and Youth: For the MHSIP overall, statewide 84% of parents/guardians of children/youth consumers were satisfied. The Center satisfaction rates ranged from a low of 65% to a high of 100%, an excellent result. Furthermore there were relatively few ratings that were unsatisfied overall. As shown above, only the two Centers at the bottom of the chart had more than 10% of their respondents ‘unsatisfied’. **Over the two years of the survey** the Centers did differ in their average ratings ($p < .01$); post hoc tests showed that Three Rivers did reliably better than and Dakota Counseling did reliably worse than a number of other Centers.

For Year 2004 the table below shows for each Center the means and number of respondents for the overall MHSIP summary score.

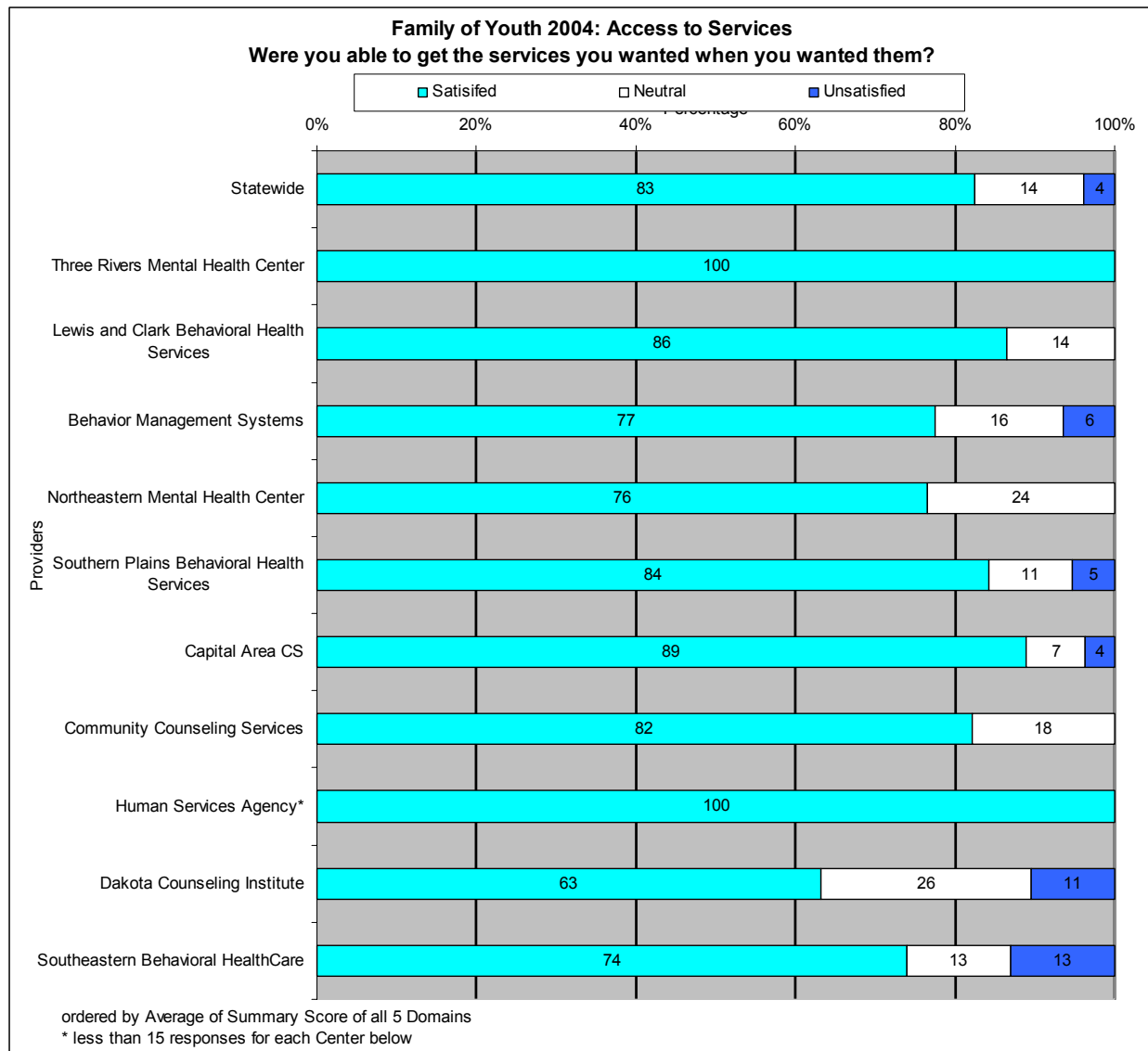
Three Rivers Mental Health Center	1.82 (15)	Community Counseling Services	2.04 (28)
Lewis and Clark BHS	1.88 (37)	Human Services Agency*	2.06 (13)
Behavior Management Systems	1.90 (31)	Dakota Counseling Institute	2.37 (19)
Northeastern Mental Health Center	1.92 (17)	Southeastern Behavioral HealthCare	2.44 (23)
Southern Plains BHS	1.98 (17)		
Capital Area CS	2.03 (25)	Statewide Average	2.03 (231)



Youth: For the MHSIP domain of Access, statewide 67% of consumers were satisfied. The Center satisfaction rates ranged from 50% to 93%. 10% or more of the respondents in three Centers were unsatisfied (see Chart above). Using the entire four years of data the differences among Centers was statistically significant ($p < .05$). Post hoc tests indicated that Youth from Three Rivers Mental Health Center were more satisfied, on average, than Youth from East Central Mental Health, Human Services Agency, Capitol Area CS, and Southeastern Behavioral HealthCare.

The table below shows for each Center the means and number of respondents for the domain of Access for the four years of the Youth survey.

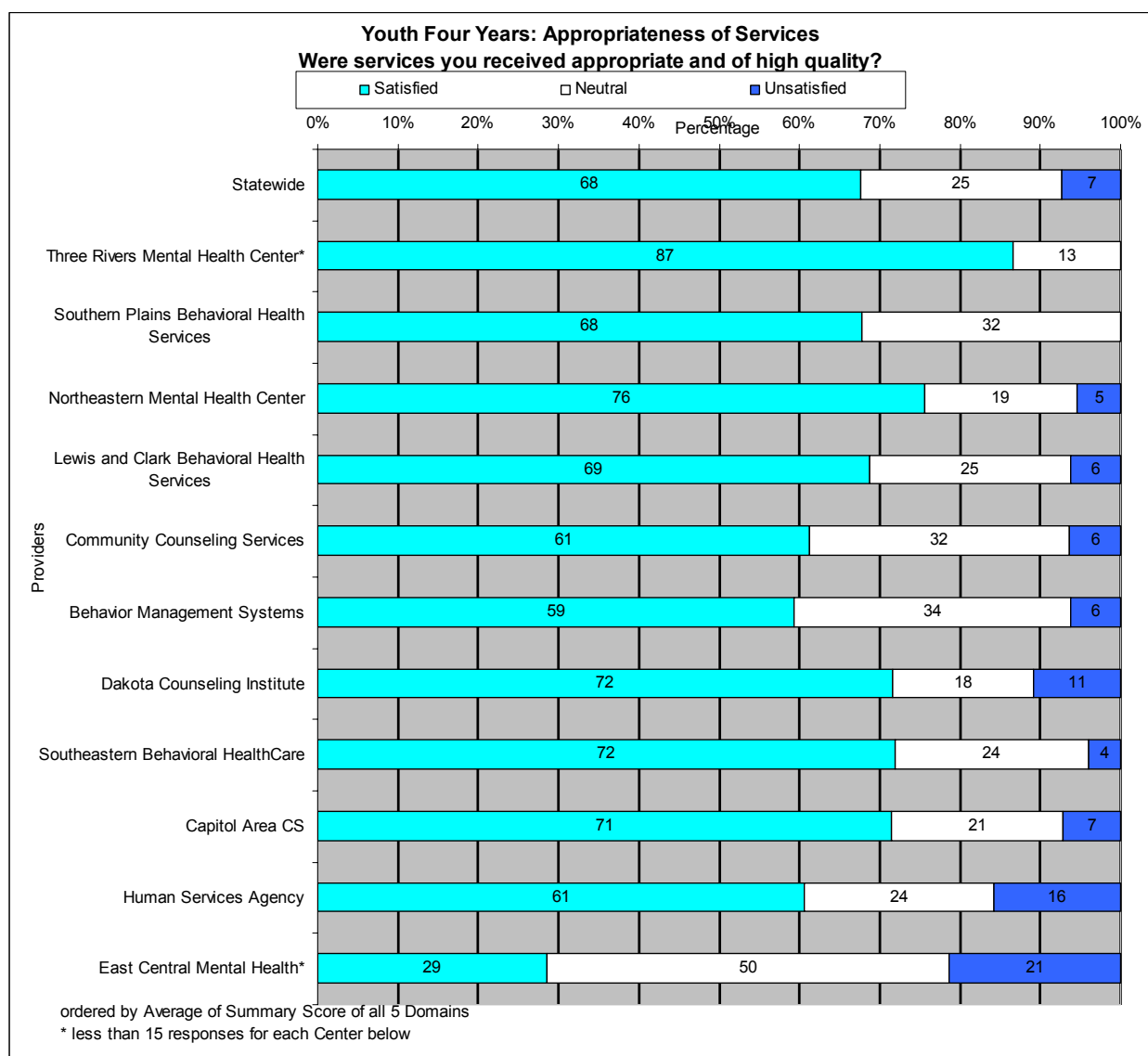
Three Rivers Mental Health	1.57 (14)	Dakota Counseling Institute	2.09 (67)
Southern Plains Behav. Health Serv.	1.95 (28)	Southeastern Behavioral HealthCare	2.26 (49)
Northeastern Mental Health Center	1.99 (71)	Capital Area CS	2.31 (26)
Lewis and Clark Behav. Health Serv.	1.97 (79)	Human Service Agency	2.34 (38)
Community Counseling Services	1.98 (32)	East Central Mental Health	2.54 (14)
Behavior Management Systems	2.09 (64)	Statewide Average	2.09 (482)



For the MHSIP domain of Access, statewide 83% of “family” members of consumers were satisfied. The Center satisfaction rates ranged from 63% to 100%. **Over the two years of this survey** differences among Centers on their average score on this domain were statistically significant ($p < .001$). post hoc tests showed that Three Rivers did reliably better than and Dakota Counseling did reliably worse than a number of other Centers. Two Centers had more than 10% of the respondents report that they were ‘unsatisfied’ (see chart above).

For Year 2004 the table below shows for each Center the means and number of respondents for the MHSIP domain of Access.

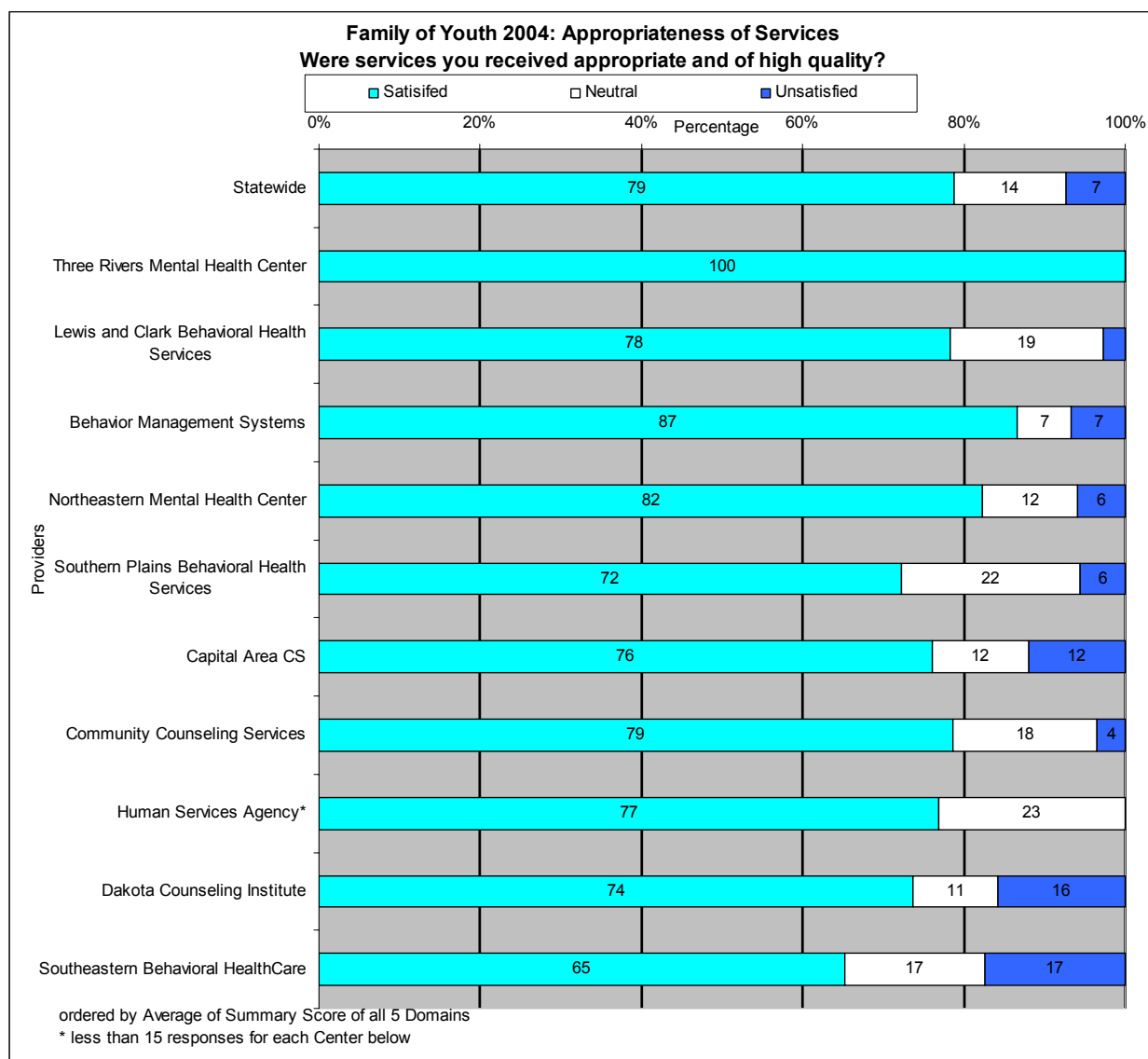
Three Rivers Mental Health Center	1.46 (15)	Community Counseling Services	1.80 (28)
Lewis and Clark BHS	1.60 (37)	Human Services Agency*	1.84 (13)
Behavior Management Systems	1.85 (31)	Dakota Counseling Institute	2.31 (19)
Northeastern Mental Health Center	1.79 (17)	Southeastern Behavioral HealthCare	2.28 (23)
Southern Plains BHS	1.84 (19)		
Capital Area CS	1.79 (27)	Statewide Average	1.85 (235)



For the MHSIP domain of Appropriateness, statewide 68% of consumers were satisfied. The Center satisfaction rates ranged from 29% to 87%. Three Centers had 10% or more of respondents who were unsatisfied, one of whom-East Central Mental Health-had more than 20% of Youth respondents unsatisfied. Differences among Centers for these four years was not statistically significant ($p>.10$).

The table below shows for each Center the means and number of respondents for the domain of Appropriateness for the four years of the Youth survey.

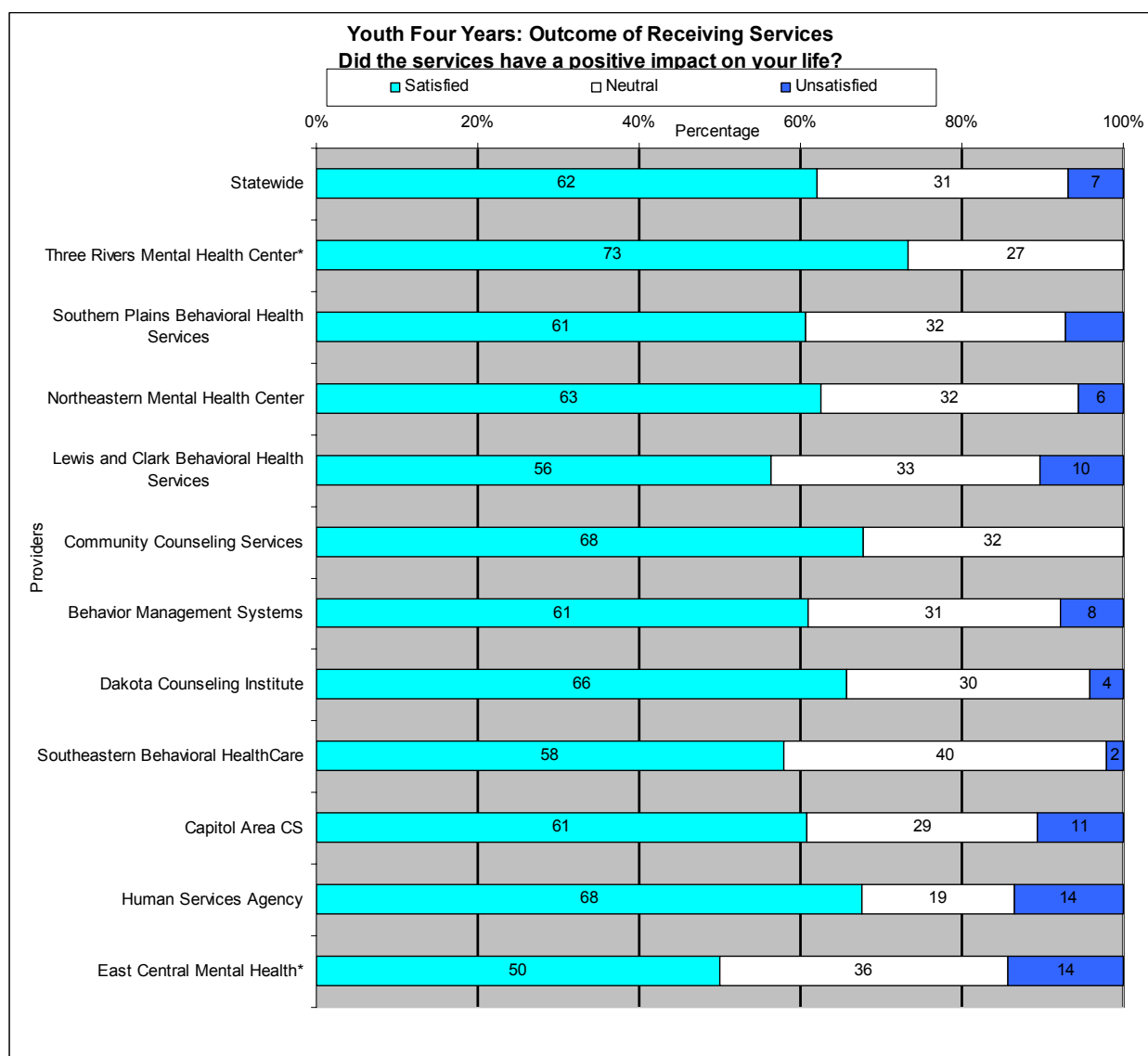
Three Rivers Mental Health	2.02 (15)	Dakota Counseling Institute	2.19 (74)
Southern Plains Behav. Health Serv.	2.10 (28)	Southeastern Behavioral HealthCare	2.15 (50)
Northeastern Mental Health Center	2.10 (74)	Capital Area CS	2.18 (28)
Lewis and Clark Behav. Health Serv.	2.14 (80)	Human Service Agency	2.43 (38)
Community Counseling Services	2.29 (31)	East Central Mental Health	2.87 (14)
Behavior Management Systems	2.28 (64)	Statewide Average	2.21 (496)



For the MHSIP domain of Appropriateness, statewide 79% of “family” members of consumers were satisfied. The Center satisfaction rates ranged from 65% to 100. **For the two years of this survey** differences among Centers above on their average score on this domain were not statistically significant ($p > .05$). More than 10% of the respondents from three Centers were “unsatisfied” (see chart above).

For Year 2004 the table below shows for each Center the means and number of respondents for the MHSIP domain of Appropriateness.

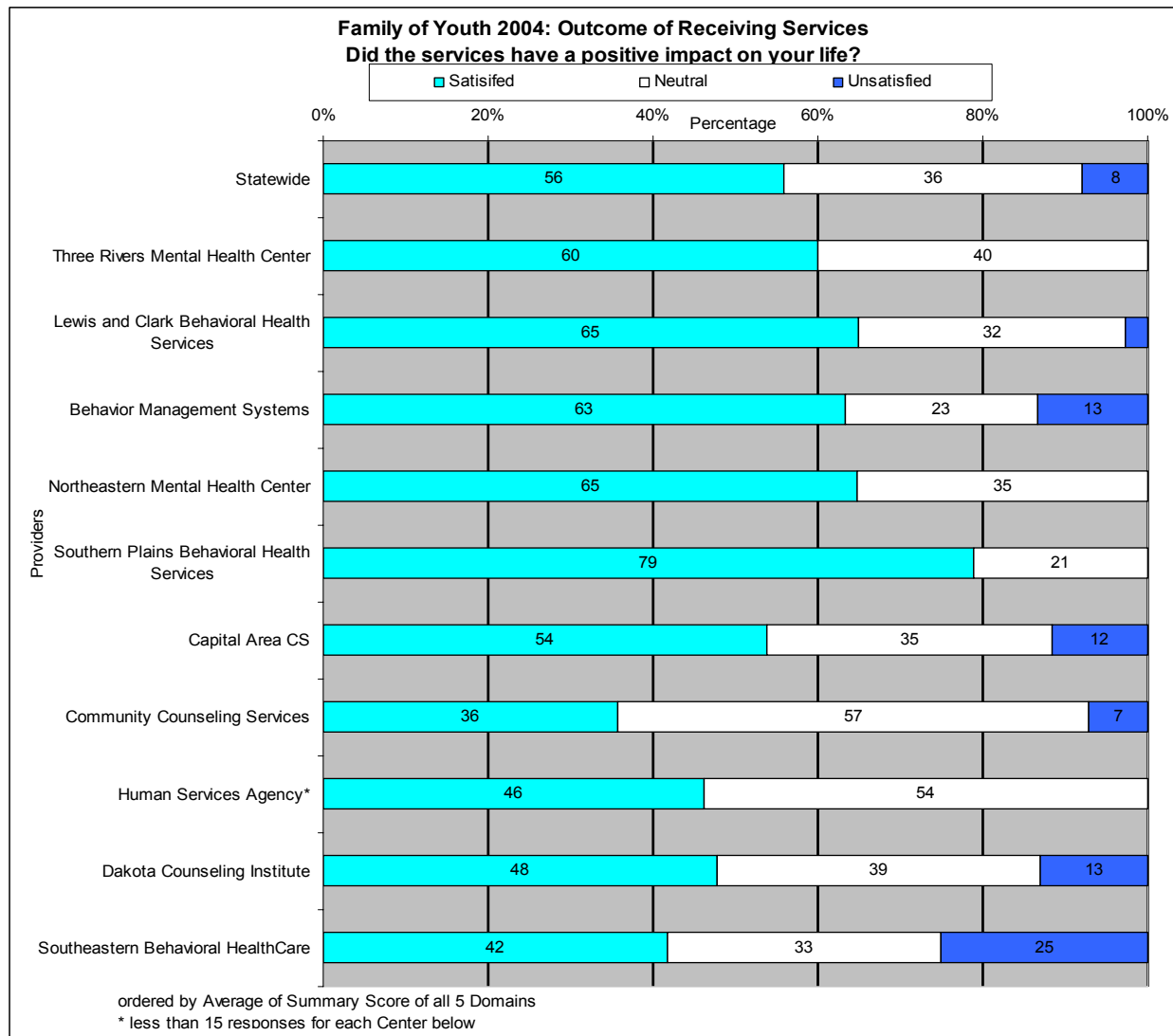
Three Rivers Mental Health Center	1.71 (15)	Community Counseling Services	1.97 (28)
Lewis and Clark BHS	1.84 (37)	Human Services Agency*	1.94 (13)
Behavior Management Systems	1.78 (30)	Dakota Counseling Institute	2.31 (19)
Northeastern Mental Health Center	1.97 (17)	Southeastern Behavioral HealthCare	2.43 (23)
Southern Plains BHS	1.98 (18)		
Capital Area CS	2.06 (25)	Statewide Average	2.00 (231)



For the MHSIP domain of Outcomes, statewide 62% of consumers were satisfied. The Center satisfaction rates ranged from 50% to 73%. Four Centers had 10% or more of their respondents unsatisfied (see chart above). Using the entire four years of data the differences among Centers above were not statistically significant ($p > .50$).

The table below shows for each Center the means and number of respondents for the domain of Outcomes for the four years of the Youth survey.

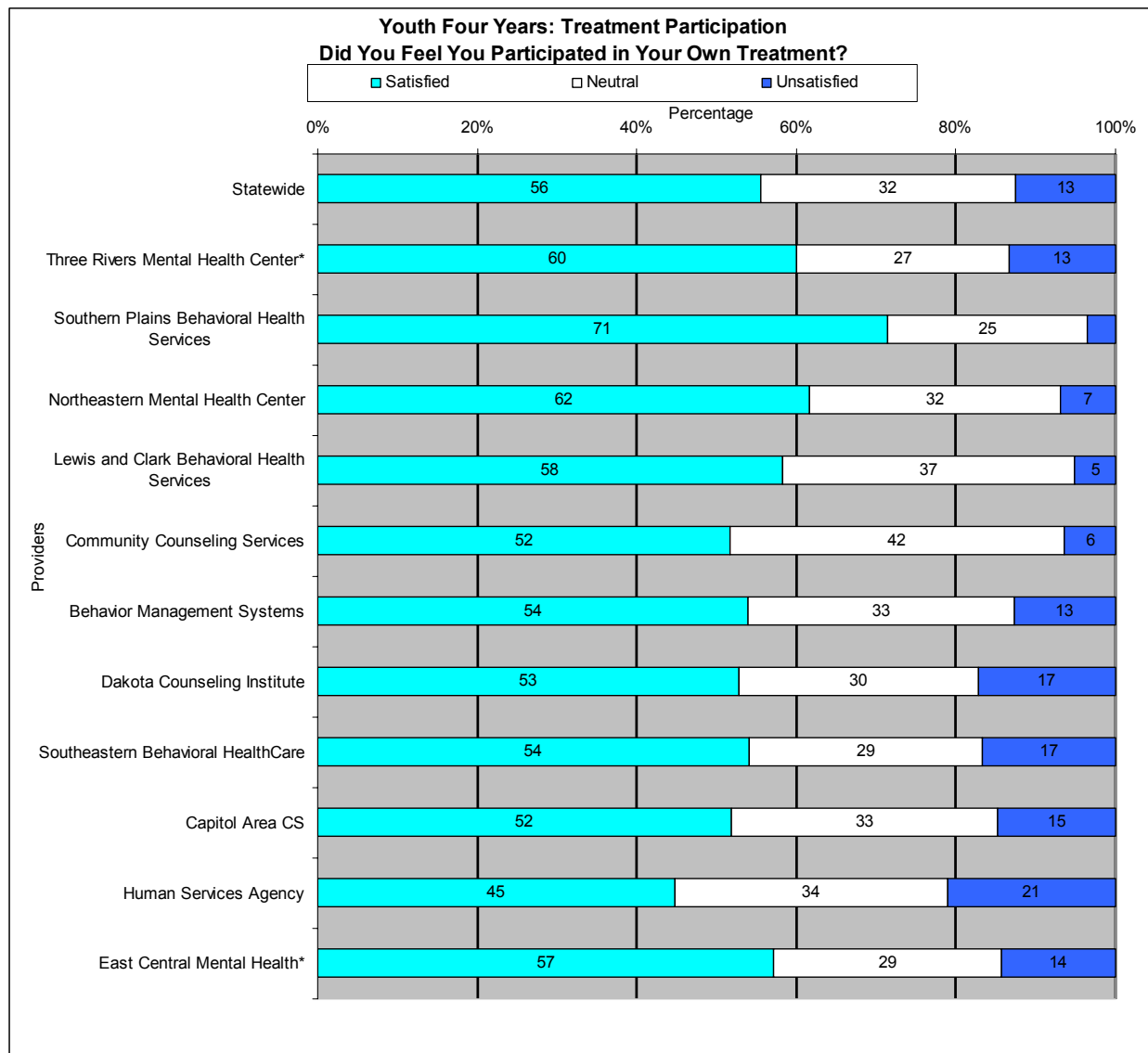
Three Rivers Mental Health	2.26 (15)	Dakota Counseling Institute	2.20 (73)
Southern Plains Behav. Health Serv.	2.35 (28)	Southeastern Behavioral HealthCare	2.38 (50)
Northeastern Mental Health Center	2.33 (72)	Capital Area CS	2.40 (28)
Lewis and Clark Behav. Health Serv.	2.43 (78)	Human Service Agency	2.48 (37)
Community Counseling Services	2.25 (31)	East Central Mental Health	2.45 (14)
Behavior Management Systems	2.31 (64)	Statewide Average	2.34 (490)



For the MHSIP domain of Outcomes, statewide 56% of “family” members of consumers were satisfied. The Center satisfaction rates ranged from 36% to 79%. **For the two years of this survey** differences among Centers above on their average score on this domain statistically significant ($p < .01$). Post hoc tests indicated that respondents from Southern Plains BHS, Lewis and Clark BHS and Northeastern Mental Health were all reliably more positive than Southeastern Behavioral HealthCare. Twenty-five percent of respondents from this Center were ‘unsatisfied’ on this domain. Three other Centers had more than 10% of their respondents ‘unsatisfied’ (see chart above).

For Year 2004 the table below shows for each Center the means and number of respondents for the MHSIP domain of Outcomes.

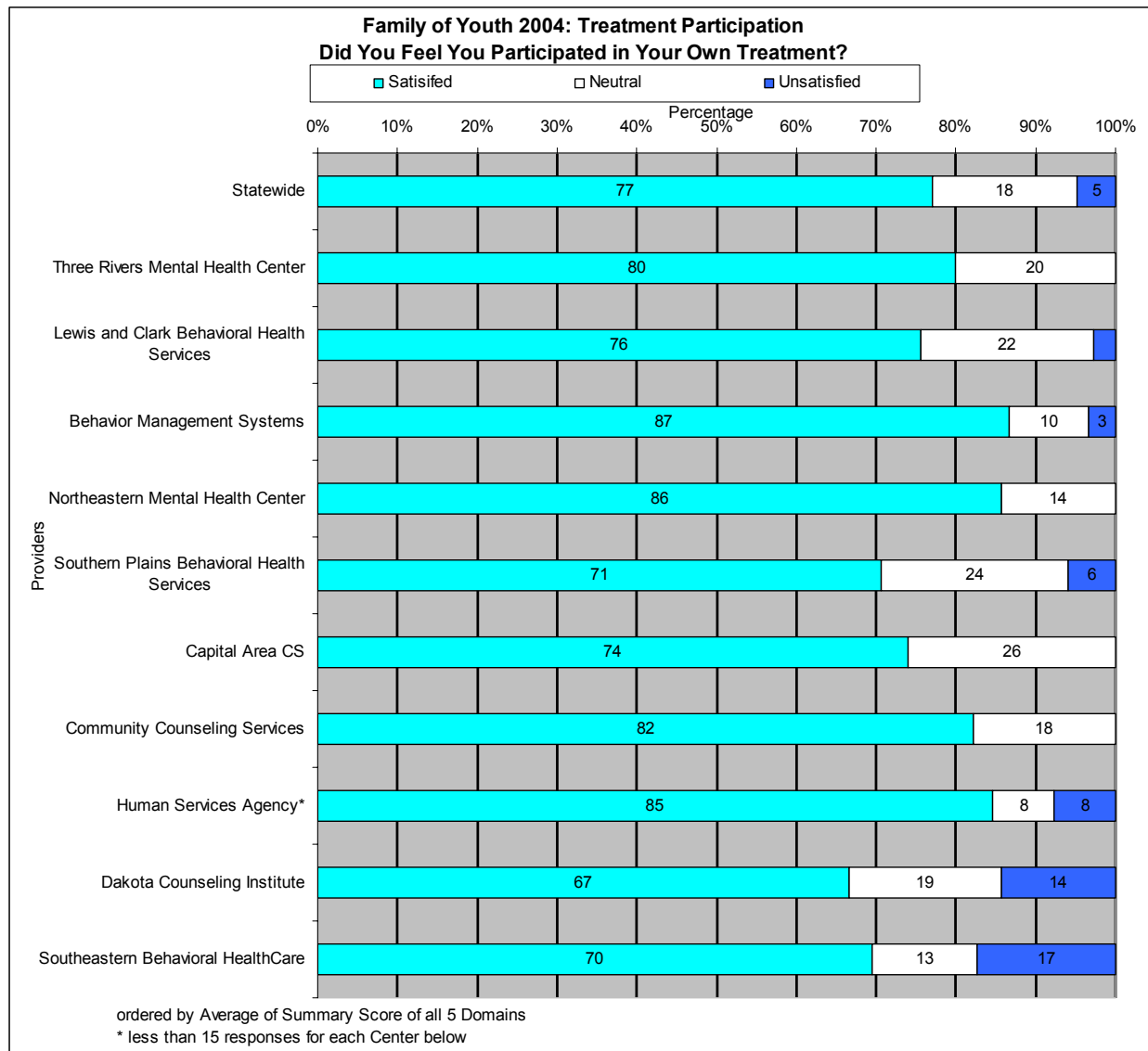
Three Rivers Mental Health Center	2.26 (15)	Community Counseling Services	2.51 (28)
Lewis and Clark BHS	2.12 (37)	Human Services Agency*	2.50 (13)
Behavior Management Systems	2.31 (30)	Dakota Counseling Institute	2.63 (23)
Northeastern Mental Health Center	2.18 (17)	Southeastern Behavioral HealthCare	2.94 (24)
Southern Plains BHS	2.14 (19)		
Capital Area CS	2.48 (26)	Statewide Average	2.41 (238)



For the MHSIP domain of Treatment Participation, statewide 60% of consumers were satisfied with services. The Center satisfaction rates ranged from 45% to 71%. Seven Centers had 10% of more of their respondents unsatisfied, with over twenty percent of Youth respondents from Human Services Agency reporting that they were unsatisfied (see chart above). Using the entire four years of data the differences among Centers above were not statistically significant ($p>.25$).

The table below shows for each Center the means and number of respondents for the domain of Treatment Participation for the four years of the Youth survey.

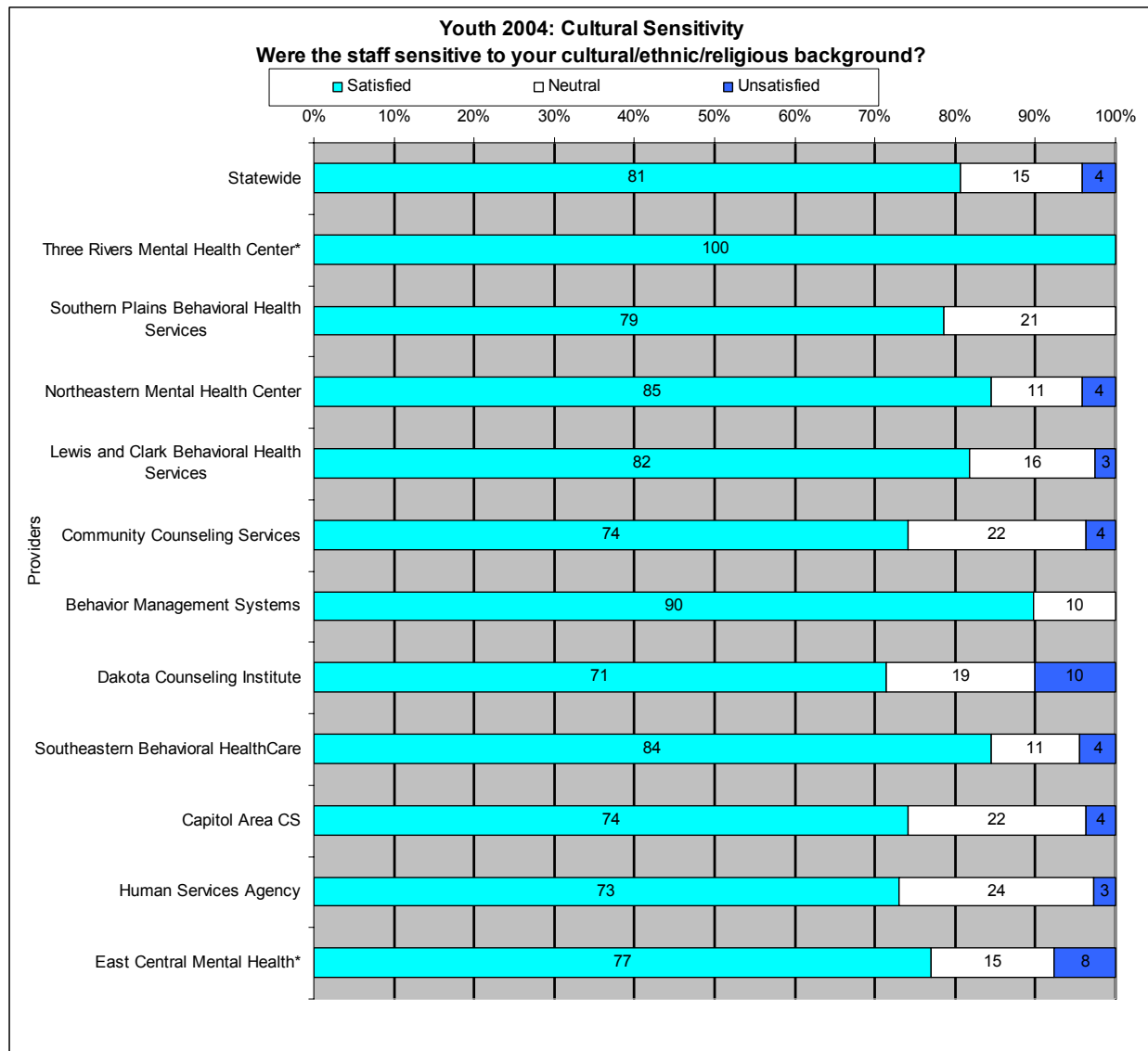
Three Rivers Mental Health	2.40 (15)	Dakota Counseling Institute	2.60 (70)
Southern Plains Behav. Health Serv.	2.19 (28)	Southeastern Behavioral HealthCare	2.56 (48)
Northeastern Mental Health Center	2.31 (73)	Capital Area CS	2.47 (27)
Lewis and Clark Behav. Health Serv.	2.37 (79)	Human Service Agency	2.67 (38)
Community Counseling Services	2.36 (31)	East Central Mental Health	2.60 (14)
Behavior Management Systems	2.50 (63)	Statewide Average	2.45 (486)



For the MHSIP domain of Treatment Participation, statewide 77% of “family” members of consumers were satisfied. The Center satisfaction rates ranged from 67% to 87%. Two of the Centers had more than 10% of their respondents unsatisfied (see chart above). **For the two years of this survey** differences among Centers above on their average score on this domain were not statistically significant ($p > .10$).

For Year 2004 the table below shows for each Center the means and number of respondents for the MHSIP domain of Treatment Participation.

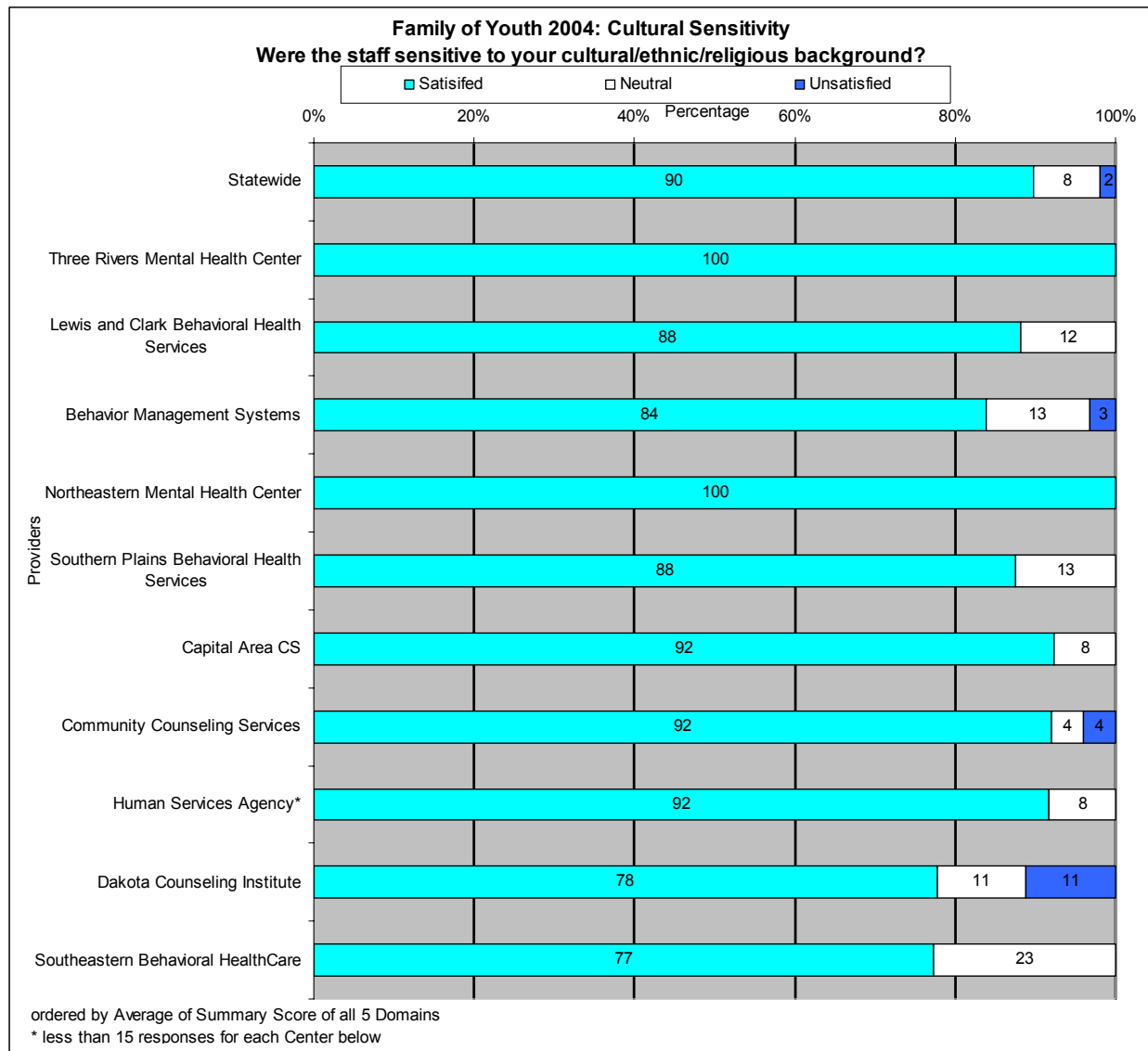
Three Rivers Mental Health Center	1.96 (15)	Community Counseling Services	1.85 (28)
Lewis and Clark BHS	2.05 (37)	Human Services Agency*	2.02 (13)
Behavior Management Systems	1.72 (30)	Dakota Counseling Institute	2.39 (21)
Northeastern Mental Health Center	1.76 (14)	Southeastern Behavioral HealthCare	2.26 (23)
Southern Plains BHS	2.23 (17)		
Capital Area CS	1.87 (27)	Statewide Average	2.00 (231)



For the MHSIP domain of Cultural Sensitivity, statewide 81% of consumers were satisfied. The Center satisfaction rates ranged from 71% to 100%. One Center had 10% of more of their respondents unsatisfied (see chart above). Using the entire four years of data the differences among Centers above were not statistically significant ($p > .20$).

The table below shows for each Center the means and number of respondents for the domain of Cultural Sensitivity for the four years of the Youth survey.

Three Rivers Mental Health	1.76 (12)	Dakota Counseling Institute	2.16 (70)
Southern Plains Behav. Health Serv.	1.88 (28)	Southeastern Behavioral HealthCare	1.97 (45)
Northeastern Mental Health Center	1.86 (71)	Capital Area CS	2.03 (27)
Lewis and Clark Behav. Health Serv.	1.94 (77)	Human Service Agency	2.11 (37)
Community Counseling Services	2.00 (27)	East Central Mental Health	2.26 (13)
Behavior Management Systems	1.81 (59)	Statewide Average	1.97 (466)



For the MHSIP domain of Cultural Sensitivity, statewide 90% of “family” members of consumers were satisfied. The Center satisfaction rates ranged from 77% to 100%. Only one Center had 10% or more of their respondents unsatisfied (see chart above). **For the two years of this survey** differences among Centers above on their average score on this domain were statistically significant ($p=.001$). Respondents with children and youth receiving services from Dakota Counseling Institute were reliably less satisfied than those from all other providers.

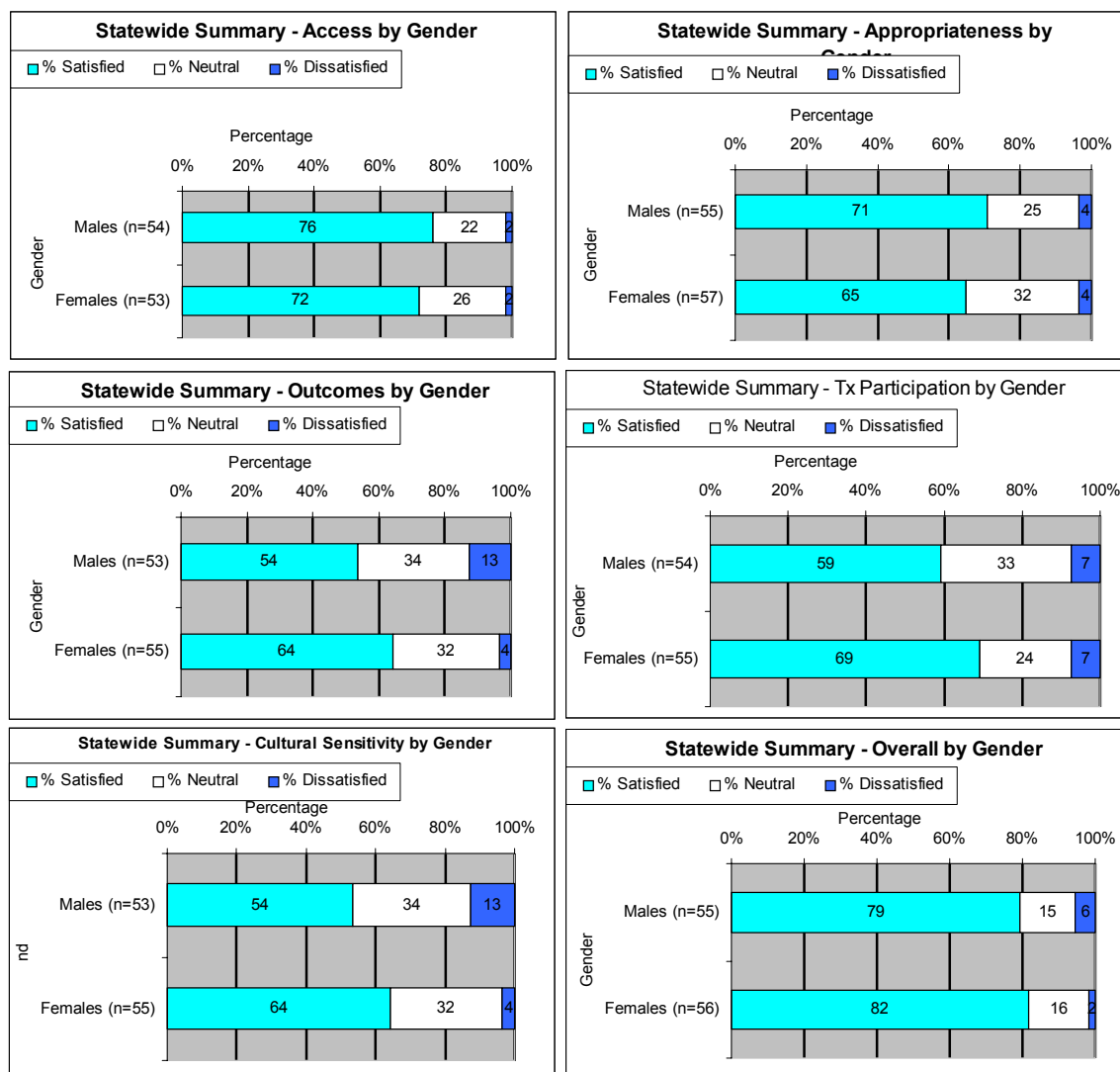
For Year 2004 the table below shows for each Center the means and number of respondents for the MHSIP domain of Cultural Sensitivity.

Three Rivers Mental Health Center	1.40 (15)	Community Counseling Services	1.64 (25)
Lewis and Clark BHS	1.55 (34)	Human Services Agency*	1.67 (12)
Behavior Management Systems	1.65 (31)	Dakota Counseling Institute	2.16 (18)
Northeastern Mental Health Center	1.46 (15)	Southeastern Behavioral HealthCare	1.93 (22)
Southern Plains BHS	1.90 (16)		
Capital Area CS	1.65 (26)	Statewide Average	1.69 (219)

Demographics (Cultural Competence of Care)

In the following section findings will be presented that compare and contrast different groups of respondents on each of their five domain scores and on the MHSIP overall. The groups to be contrasted include Gender (males vs. females), Race/Ethnicity (white non-Hispanics compared to all others), whether Still Receiving Services from the Center (those that are vs. those that are not), and Reason for Entering Treatment (Voluntary vs. Suggested by Others vs. Forced to Receive Services).

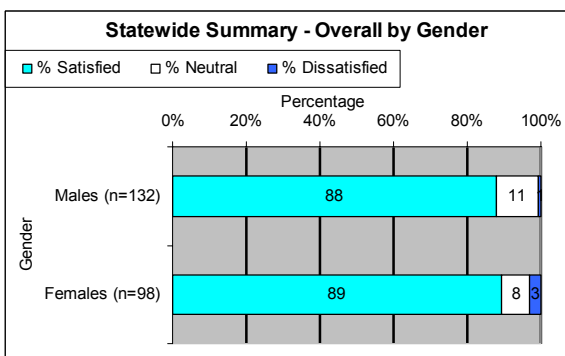
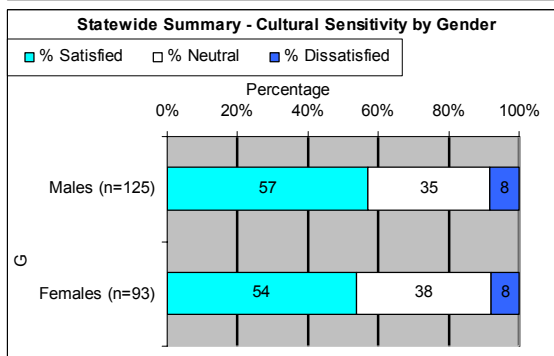
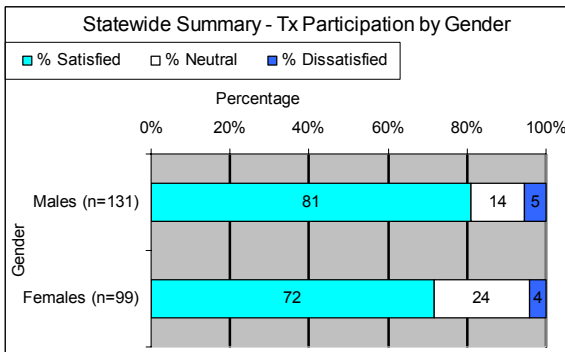
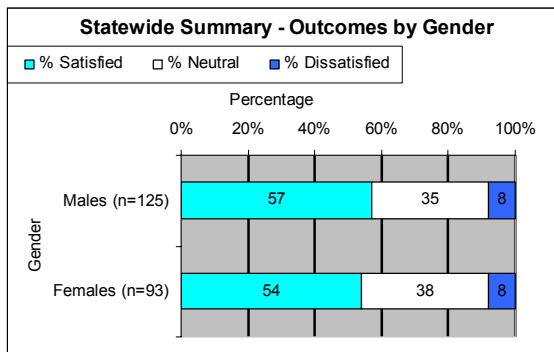
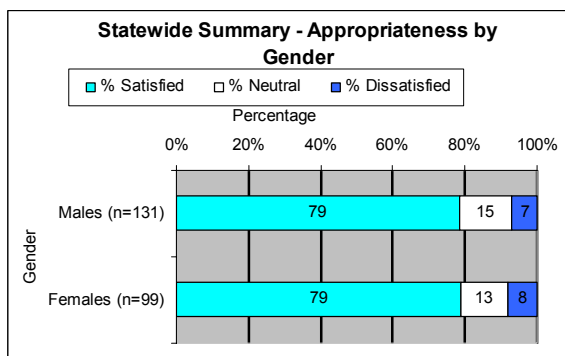
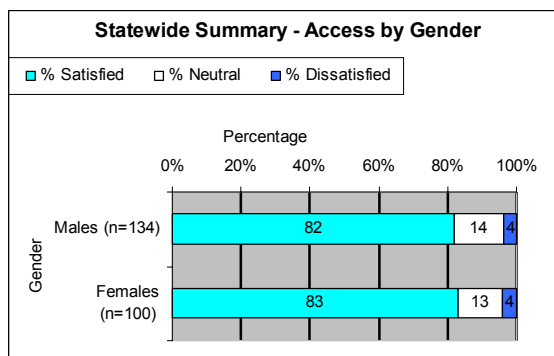
Youth: As already reported fifty-six (50%) of the youth were male and fifty-seven (50%) were female. Two youth did not report their gender. This is a much more even split than has been the case in past years. A visual inspection of these charts shows that males compared to females tend to be more satisfied for a number of the MHISP domains. The statistical analyses that follow will help determine whether this is a ‘real’ finding.



A set of analyses were carried out for Year 2004 youth consumers comparing males and females on their average MHSIP domain scale scores and on MHSIP Overall. In all analyses there was no evidence of differences as a function of gender ($p > 0.12$ in all cases). Similar results were found when conducting a somewhat less sensitive chi square analysis using gender with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above ($p > .15$ in all cases).

Findings from combining data from all four years of the survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall with one exception. Male compared to female youth were more satisfied with the extent they could participate in treatment decisions (means of 2.37 vs. 2.54 respectively, $p < .05$). This finding represents a small effect size. There was a similar finding when running the chi square analysis, such that females compared to males were almost twice as likely to be unsatisfied in this domain (16% vs. 9% respectively, $p < .10$).

Family of Children and Youth: As already reported one hundred thirty-six children and youth (57%) in this sample were male and one hundred three (43%) were female. This is the same percentage breakdown as in Year 2003. Only one respondent did not provide this information. A visual inspection of these charts shows that males compared to females tend to have similar rates of satisfaction with the possible exception of the domain of Treatment Participation. The statistical analyses that follow will help determine whether this is the case.



A set of analyses were carried out for Year 2004 family of children/youth respondents comparing males and females on their average MHSIP domain scale scores and on MHSIP Overall. With one exception there was no evidence of differences as a function of gender ($p > 0.30$ in all these cases). Parents/guardians of males compared to females, however, were more likely to be satisfied in the extent of their treatment participation (means of 1.90 vs. 2.05, $p < .05$). This was

less than a small effect size, however. There were no significant results when conducting a somewhat less sensitive chi square analysis using gender with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above ($p > .10$ in all cases).

Findings from combining data from the two years of this survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall with the same exception as above. Male compared to female youth were more satisfied with the extent they could participate in treatment decisions (means of 1.87 vs. 2.07 respectively, $p < .01$). This finding represents a small effect size. There were no significant findings from the chi square analysis, however.

An additional analysis was conducted to determine whether the results for Treatment Participation held for child/youth clients 14 years or older only, younger than 14 years of age only, or both. This was done because the similar results for youths are based only on children 14 years of age or older. These results unequivocally held for both age groups ($p < .05$ for gender differences, $p > .80$ for the interaction term).

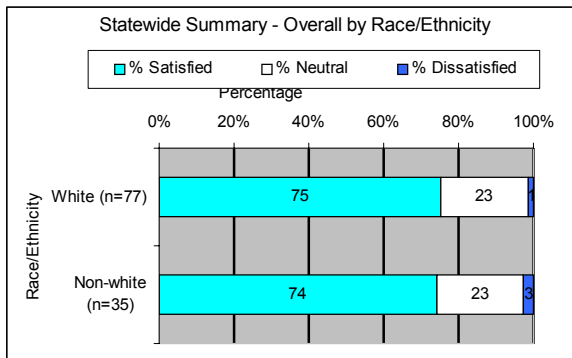
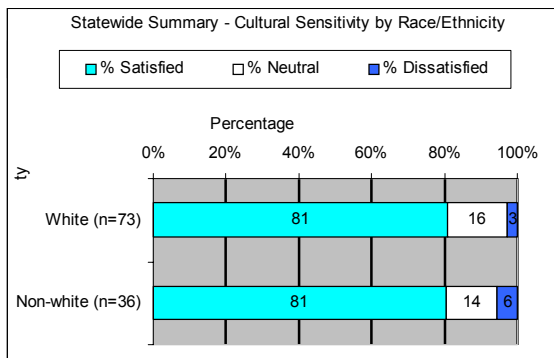
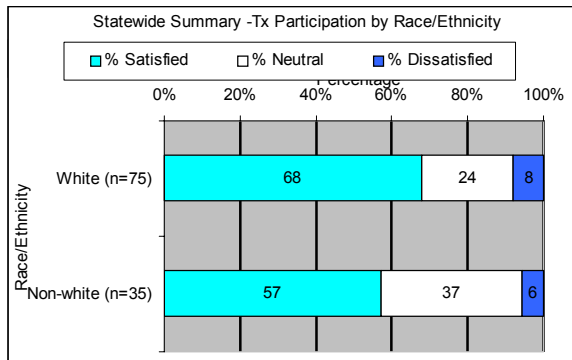
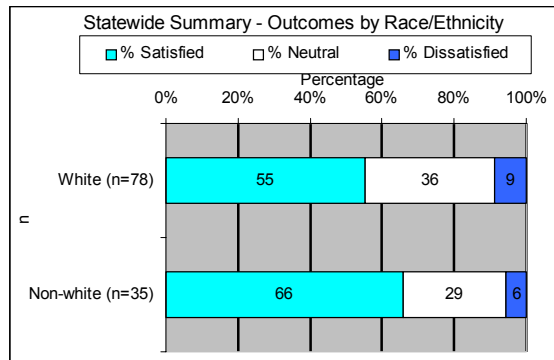
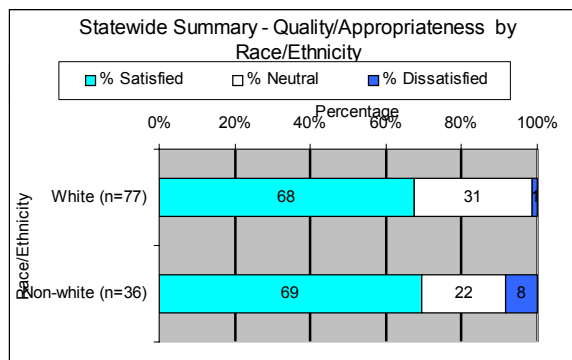
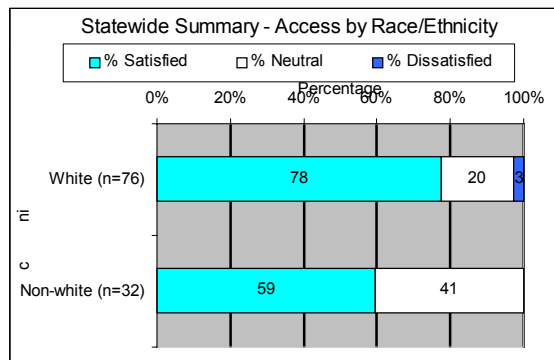
Thus both the youths themselves as well as their parents/guardians reported a small difference in their satisfaction with their ability to participate in treatment. This finding takes on more meaning with replication over these two very different reporting populations.

Evaluation of Services by Race/Ethnicity

Youth: For the purpose of this analysis youth were divided in those who are White-non-Hispanic as compared to non-White. Seventy-eight (69%) of the youth were white, non-Hispanic and thirty-six (31%) were non-white. This is similar to last year's breakdown. The race/ethnicity of one youth was not indicated on the survey; this respondent was omitted from the following tables. A visual inspection of these charts shows possible differences on a number of the MHSIP domains. The statistical analyses that follow will help determine whether this is a 'real' finding.

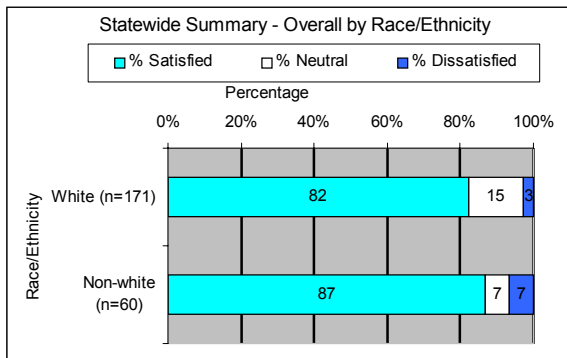
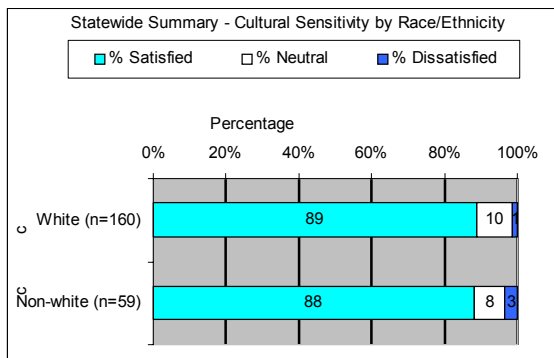
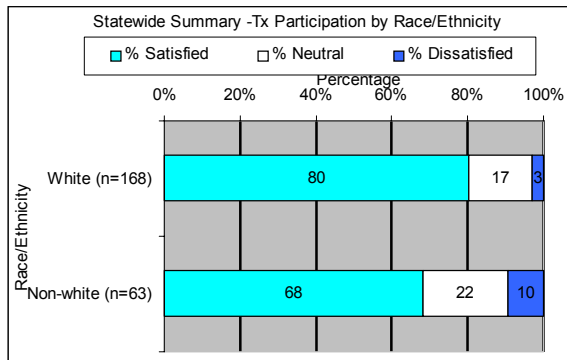
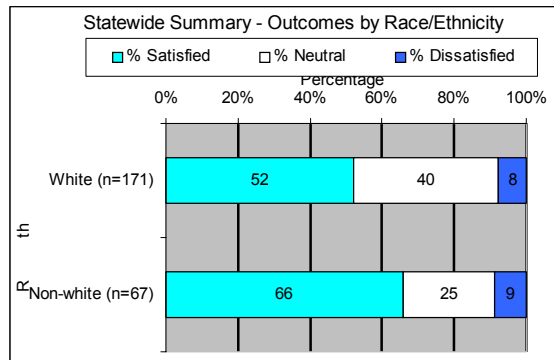
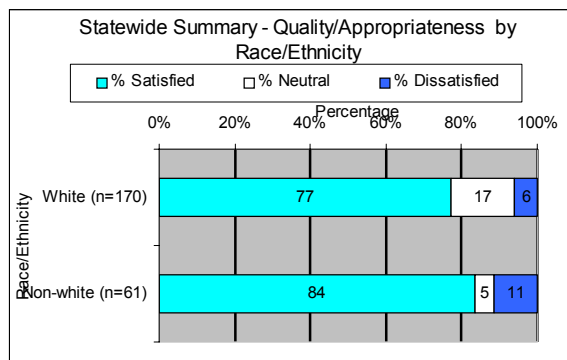
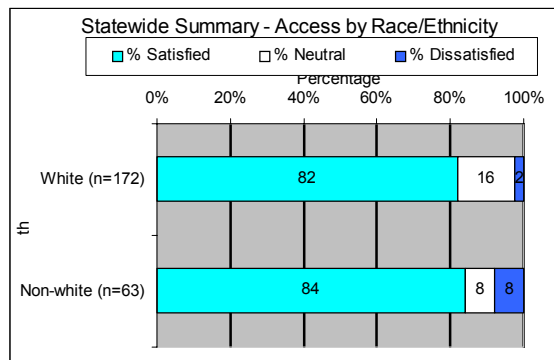
A set of analyses were carried out for Year 2004 youth consumers comparing whites and non-whites on their average MHSIP domain scale scores and on MHSIP Overall. In all analyses except one there was no evidence of differences as a function of race/ethnicity ($p > 0.35$ in all cases). Non-whites compared to whites were more satisfied with the domain of Outcomes (means of 2.13 vs. 2.46, $p < .05$, effect size medium). No differences were found when conducting a somewhat less sensitive chi square analysis using race/ethnicity with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above ($p > .05$ in all cases).

Findings from combining data from all four years of the survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall ($p > .10$ in all cases). Similarly, no differences were found when running the chi square analysis ($p > .10$). Thus the most likely conclusion to draw to date is that there are no differences among the youth population related to race/ethnicity.



Family of Children and Youth: For the purpose of this analysis children and youth were divided in those who were White non-Hispanic as compared to non-White. One hundred seventy-two (72%) of these children and youth were white, non-Hispanic and sixty-eight (28%) were non-white. This information was available in every case. The breakdown was very similar to that of last year.

A set of analyses were carried out for Year 2004 family of children/youth respondents comparing whites to non-whites on their average MHSIP domain scale scores and on MHSIP Overall. There was no evidence of differences as a function of gender ($p > 0.05$ in all these cases). There were no significant results when conducting a somewhat less sensitive chi square analysis using race/ethnicity with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above ($p > .05$ in all cases).

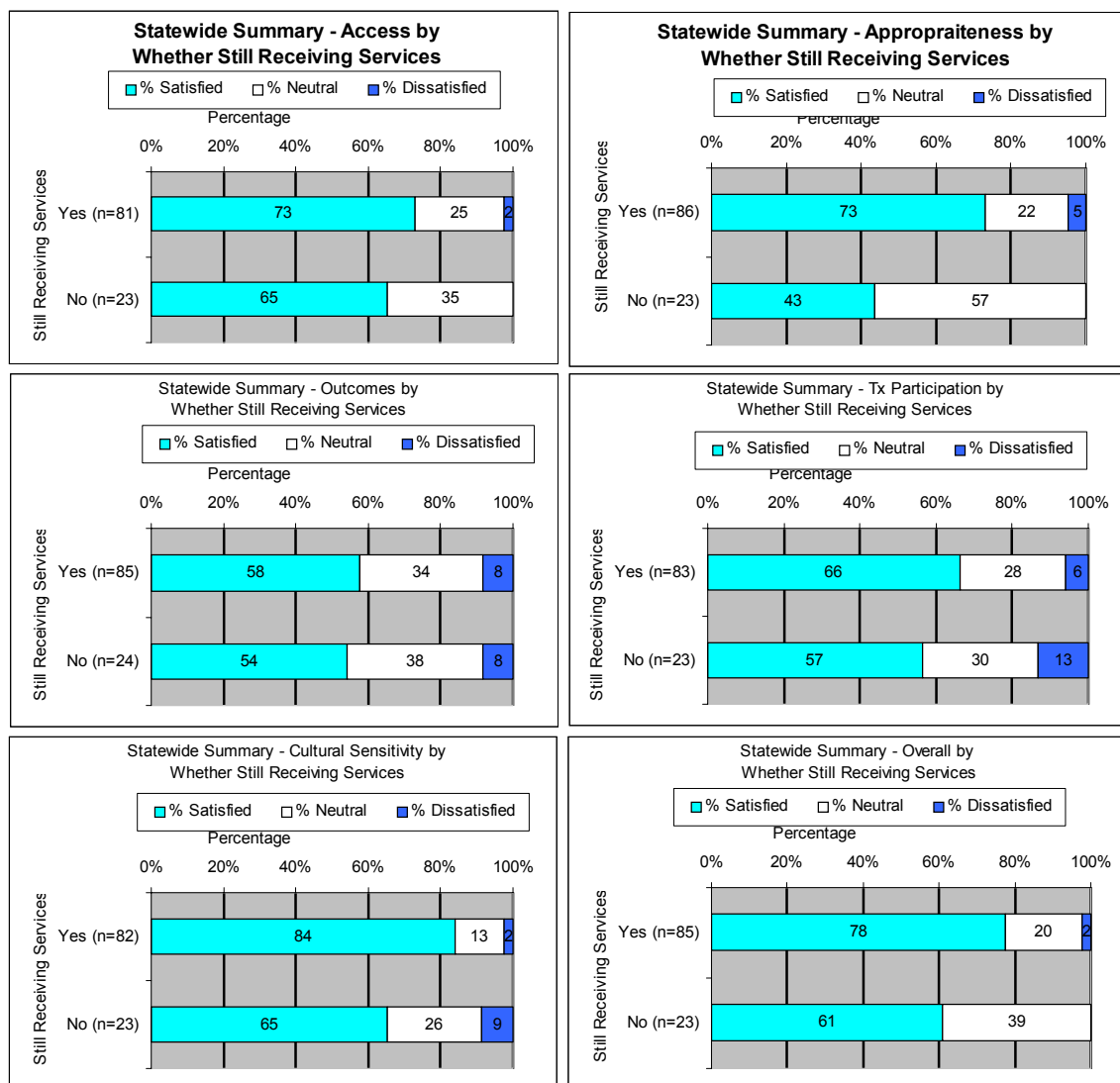


Findings from combining data from the two years of this survey indicated that there were no reliable differences on any of the MHSIP subscale domains or on MHSIP overall as a function of race/ethnicity ($p > .20$). The chi square analysis did show one significant finding, however. Non-whites compared to whites were more likely to be satisfied for the domain of Outcomes ($p = .01$).

Thus there is somewhat inconsistent evidence that both the youths themselves as well as their parents/guardians reported a small difference in their satisfaction in the domain of Outcomes, such that non-whites report more satisfaction than do whites. It will be interesting to see whether this finding becomes more consistent and statistically reliable or disappears with future surveys.

Evaluation of Services by Whether Still Receiving Services from Center

Youth: Eighty-six youth (78%) reported that they were still receiving services from the Center with the remaining twenty-four (22%) reported that they no longer receiving services. Five youths did not answer the question, and were not included in this analysis. A visual inspection of these charts shows possible differences on a number of the MHISP domains indicating that those still receiving services were more satisfied. The statistical analyses that follow will help determine whether this is a 'real' finding.



A set of analyses were carried out for Year 2004 youth consumers comparing those who reported that they were still receiving services to those who reported they were not. For two domains and for MHSIP Overall significant differences were found indicating that those still receiving services were more satisfied. Results were as follows: Appropriateness (means of 2.01 vs. 2.43 respectively, Cultural Sensitivity (means of 1.81 vs. 2.24 respectively), and MHSIP Summary score (means of 2.10 vs. 2.36 respectively); in all cases $p < .05$ and the effect size – medium – indicated a clinically meaningful effect.

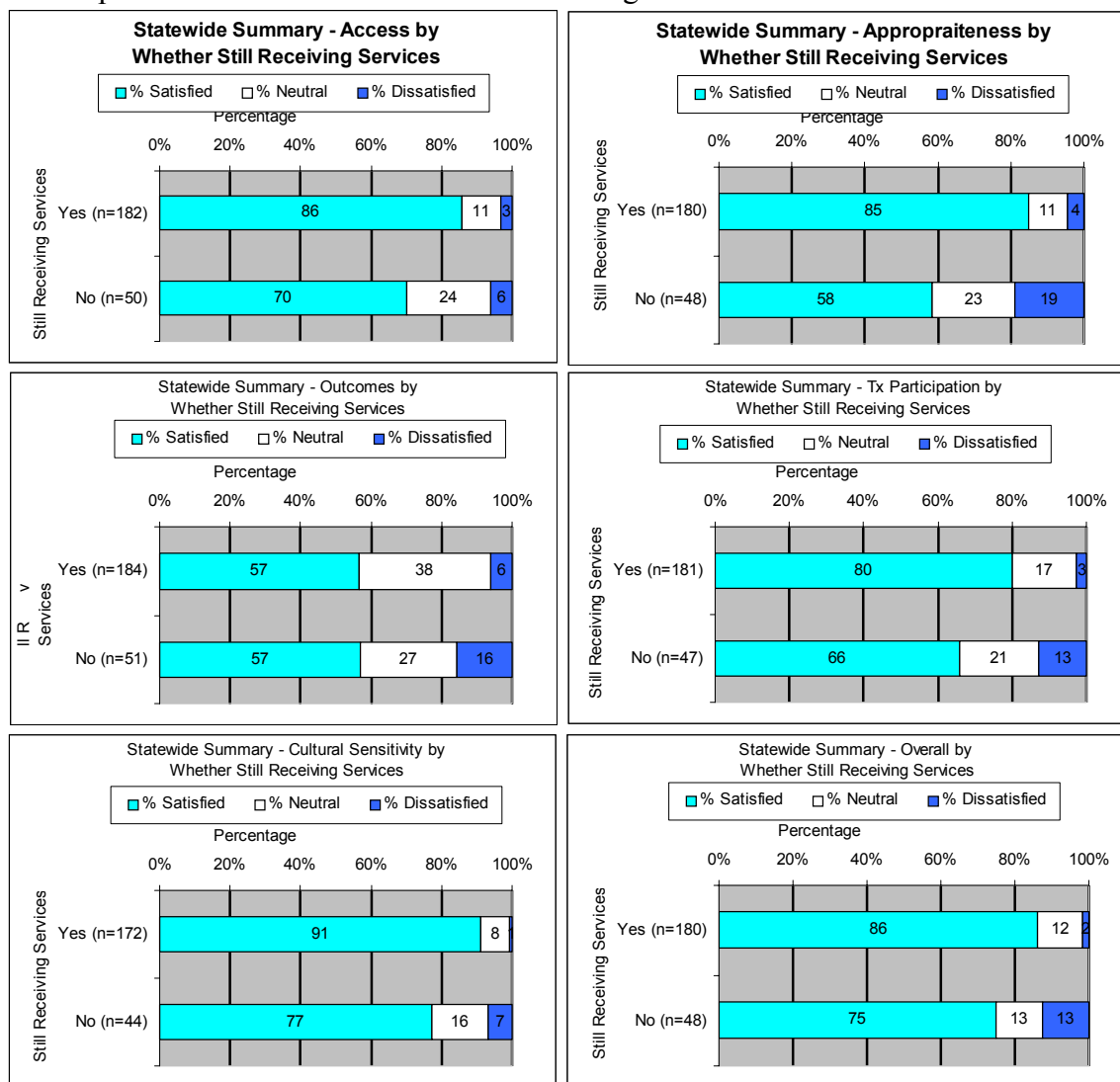
Only one domain showed a significant relationship when conducting a somewhat less sensitive chi square analysis with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above. For Appropriateness ($p < .01$) those still receiving services compared to those who were not were almost twice as likely to be satisfied (73% vs. 43% respectively), and less than half as likely to be neutral (22% vs. 57% respectively). For Cultural Sensitivity ($p < .01$) those still receiving services compared to those who were not were more likely to be satisfied (84% vs. 65% respectively), and much less likely to be neutral (9% vs. 2% respectively).

Findings from combining data from all four years of the survey found statistically significant differences indicating those still receiving services were more satisfied on all domains except Outcomes and for the MHSIP Overall ($p < .05$ and beyond). Means for MHSIP Overall were 2.18

vs. 2.40 respectively. Effect sizes ranged from small to small-medium in all cases. Similar results were found when conducting a somewhat less sensitive chi square analysis with the three categories (Satisfied, Neutral, and Unsatisfied), but only for the domains of Appropriateness and Cultural Sensitivity, as well as MHSIP Overall ($p < .05$ in all cases).

Thus as is the case for adult consumers those youth still receiving services compared to those who are not were significantly more satisfied with services in almost all MHSIP domains as well as for MHSIP overall.

Family of Children and Youth: One hundred seventy-two parents/guardians of children or youth (73%) were still receiving services from the Center with the remainder, sixty-three (27%) reported that they no longer receiving services. Five respondents did not answer the question; they were not included in this analysis. A visual inspection of these charts shows likely differences on all MHISP domains with the exception of Outcomes; with this one exception it appears that those still receiving services were more satisfied. The statistical analyses that follow will help determine whether this is a 'real' finding.



A set of analyses were carried out for Year 2004 parents/guardians of children/youth consumers comparing those who reported that they were still receiving services to those who reported they were not. As predicted above, for all domains except for Outcomes, and for MHSIP Overall

significant differences were found. Those still receiving services compared to those who were not were more satisfied.

Results were as follows: Access (means of 1.79 vs. 2.06), Appropriateness (means of 1.88 vs. 2.40 respectively), Treatment Participation (means of 1.92 vs. 2.30 respectively), Cultural Sensitivity (means of 1.63 vs. 1.97 respectively), and MHSIP Summary score (means of 1.97 vs. 2.28 respectively); in all cases $p < .05$ with a medium effect size indicating a clinically meaningful effect in all but the domain of Access. The same pattern of findings were obtained when conducting a somewhat less sensitive chi square analysis with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above ($p < .05$ and beyond in all cases).

Findings from combining data from last year's survey with those of this year found statistically significant differences indicating those still receiving services were more satisfied on all domains ($p < .05$ for all domains except for Access and Outcomes; the latter at $p < .10$ did not quite reach statistical significance) and for the MHSIP Overall ($p < .01$). Means for MHSIP Overall were 1.99 vs. 2.22 respectively. Effect sizes ranged from small to small-medium in all cases. The same pattern of results to those just reported were found when conducting a somewhat less sensitive chi square analysis with the three categories (Satisfied, Neutral, and Unsatisfied).

Thus it appears reasonable to conclude that there are meaningful effects for all three populations surveyed. These results indicated that those who are still receiving services were more satisfied compared to those who reported that they were no longer receiving services.

Evaluation of Services by How Became Involved

Mental health centers differ in their mix of clients. One factor that may make a difference is the consumer's reason for getting mental health services or the parent/guardians reason for arranging for services for their child or youth. For Year 2003 parents or guardians of children and youth consumers were asked to indicate whether they had chosen to receive mental health services for their children/youth themselves, whether they had been encouraged by others, or whether their children/youth were forced to receive such services. This question was not included in the Youth survey. For Year 2004 this question was included in both surveys.

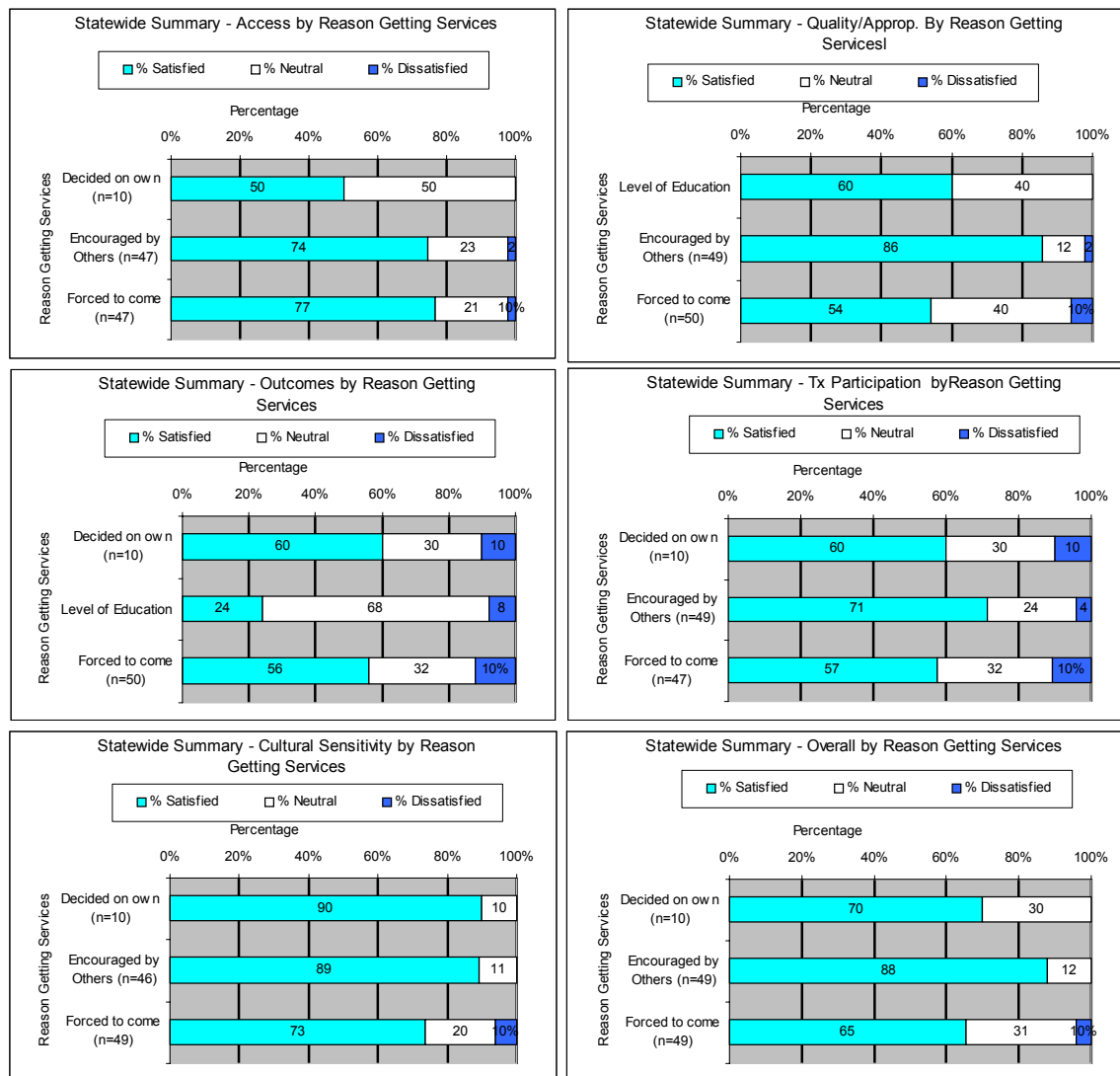
Youth: Similar to the Parent/Guardian population and in contrast to the adult populations surveyed only a small percentage of youths reported that they had chosen to get services ($n = 10$, 9.1%). The remaining youths who answered were split between the other two categories: forty-nine (44.5%) reported that they had been encouraged by others, while fifty-one (46.4%) reported they were forced to come. Five (4.3% of the total) did not answer this question.

A visual inspection of these charts shows possible differences on a number of the MHISP domains; there is no clear pattern to these differences. The statistical analyses that follow will help determine which of these differences if any represent a 'real' finding.

The domain of Appropriateness was the only domain for which there were statistically significant differences among these three groups. Means for those who reported that they chose to receive services, those who were encouraged to do so, and those who reported that they were forced to come showed an unpredicted pattern (means of 2.18, 1.88 and 2.26 respectively, $p < .05$). Post hoc tests did not indicate a difference among these three groups. Exactly the same pattern of findings was obtained when conducting a somewhat less sensitive chi square analysis with the three categories (Satisfied, Neutral, and Unsatisfied) as in the graphs above.

This pattern of results is impossible to interpret given a) the unexpectedness of this finding, b) the extremely small sample size for the group who reported that they chose to receive services, and

c) the lack of additional data from previous years of this survey. A more stable set of findings is expected when next year's survey data is combined with this year's data.

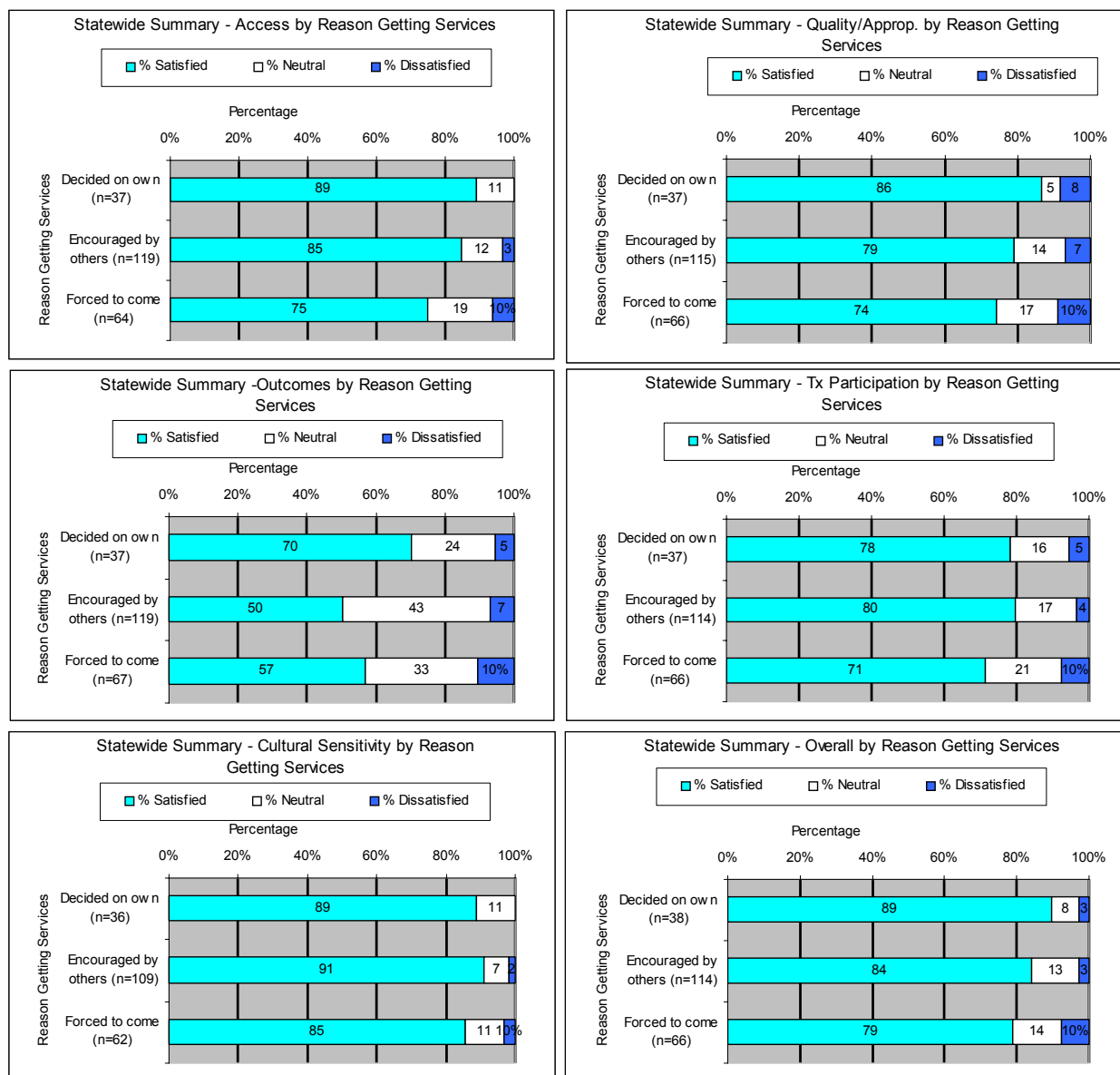


Family of Children and Youth: As was the case for Year 2003, for Year 2004 only a small percentage of respondents (thirty-eight, 16.9%) said that they chose to get services for their child/youth. Over half, (one hundred twenty, 53.3%) reported that were encouraged to get such services for their child/youth, while close to one-third (sixty-seven, 29.8%) reported that they were forced to receive services for their child/youth. Fifteen parents/guardians (6.3% of total) chose not to answer this question; those who did not answer are not included in the charts below.

With some exceptions a visual analysis of the charts below indicate that those who reported that they chose services or were encouraged to start services for their child/youth were more satisfied than those who were forced to receive services for their child/youth. The statistical analyses that follow will help determine whether this is a 'real' finding.

A set of analyses were carried out for Year 2004 parents/guardians of children/youth consumers comparing the three groups just described. Unlike last year's findings none of the analyses reached conventional statistical significance, although many were close ($p > .05$ in all cases). There were no statistically significant findings when conducting a somewhat less sensitive chi

square analysis with the three categories (Satisfied, Neutral, and Unsatisfied) depicted in the graphs above ($p > .30$ in all cases).



Findings from combining data from last year's survey with those of this year found statistically significant differences for all domains except for Cultural Sensitivity, and for the MHSIP Overall as well ($p < .05$ in all cases). Post hoc analyses indicated that in all cases those who decided on their own were significantly more satisfied than were those who fell into the other two groups. This is a different pattern of results than has been reported previously in that the parents/guardians who reported that they decided on their own are different from those who reported that they were encouraged by others. Results from the somewhat less sensitive chi square analysis using the three categories (Satisfied, Neutral, and Unsatisfied) indicated that for this set of analyses the only statistically significant finding was for the domain of Outcomes ($p < .05$).

Further analysis is needed to fully understand the findings reported above. It is possible that the inclusion of a third variable would allow for a better interpretation of these results. Adding one more year of data would also be helpful.

Discussion and Implications

Historically, Centers have valued input from consumers and family by conducting surveys requesting an evaluation of services. They are to be commended for this, as well as for taking another step by utilizing the MHSIP consumer survey in a Statewide random sample of adult and youth consumers and of families with children or youth receiving services. The introduction in FY 2003 of this last survey has been a worthwhile addition to past efforts.

The MHSIP consumer survey is continuing to be implemented nationally by State mental health authorities. It was also largely included in the recommendation by the American College of Mental Health Administration in collaboration with the nation's five leading accrediting organizations in behavioral health, to reach agreement on a core common set of performance indicators and measures for the field <http://www.acmha.org/work.htm>.

The Family of Children and Youth survey serves very well as a baseline assessment of the quality and outcome of services for the State from the perspective of this group of stakeholders. The return completion rate for this survey in FY 2004 was an impressive 38%.

This year a question was added to determine who was filling out the questionnaire for the children and youth who were receiving services. Almost three-quarters of the respondents were parents, followed by "others" (e.g., foster parents), staff persons, guardians, and relatives. While there was a tendency for parents to report a higher level of satisfaction, on average, than any of the other groups, these differences were not statistically significant. Future surveys may help determine whether there are reliable differences among these groups of respondents, and if so what other variables may be related to this.

This is the fourth year that the youth survey has been conducted. It has consistently had the fewest returns, both because there are fewer cases that meet the criteria and because it has the lowest completion rate of the three surveys (the return completion rate was again 20% this year).

An analysis of changes in Youth responses over the four years of the survey indicated that no reliable pattern has emerged on any of the MHSIP domains. As already reported there was, however, a positive trend in the pattern of scores over these four years for all domains except for Outcomes. Thus Year 2004 means were more positive than the mean ratings for any other year.

This is an encouraging trend for Youth survey respondents, a pattern that will hopefully continue. If it does continue the trend should become statistically significant, justifying further analysis see what other differences may be occurring at the same time.

A similar analysis was done for the sample of Family of Children and Youth respondents for the two years of data that was available. No differences between FY 2003 and FY 2004 on any of the MHSIP domains were found.

For both groups an analysis of results for different demographic groups showed few statistically significant differences from this year's sample alone, nor when samples were combined in the Youth survey. The one exception when comparing male to female youth and male to female children and youth is that, in both surveys, males compared to females had a higher satisfaction rate in the domain of Treatment Participation. That is, regardless of whether youths or parents and guardians of children and youth were filling out the survey, males were significantly more likely than females to be satisfied with the extent they participated in their treatment. This was also the case for male compared to female children and male compared to female youth in the Family survey.

There were no reliable differences when comparing satisfaction rates for White non-Hispanic vs. non-White clients. This latter finding is evidence for the cultural competence of Center staff as a whole.

It was not possible to compare Centers using FY 2004 data from the Youth survey. The number of surveys mailed was 12% lower this year compared to last year, and the return completion rate was the same. Thus there were fewer Youth surveys completed in FY 2004 compared to FY 2003, resulting in the majority of Centers having fewer than 15 respondents. For this reason for the Youth survey only charts were presented comparing Centers for all four years of the Youth survey.

Few reliable differences were found when comparing Centers for Youth over the four years of the survey. An overall effect was found for Youth in the domain of Access; Youth respondents for Three Rivers Mental Health were reliably more satisfied than youth respondents from the four Centers with the lowest mean scores in this domain.

There were a greater number of differences found when comparing Centers for the Family of Children and Youth surveys. Specifically significant differences among Centers was found for the MHSIP Overall Summary Scores, and for the domain of Access, Outcomes, and Cultural Sensitivity. With the exception of the domain of Outcomes, family/guardians with children and youth receiving services from Three Rivers Mental Health Center were reliably more satisfied than those receiving services from one or more other Centers (see the relevant section of the report).

An intriguing finding was that like adult consumers, youth do differ in their rating of services provided depending on whether they are still receiving services. Those receiving services rate services more positively compared to those who are not. Over all four years of the survey such differences were found for all the domains except for Outcomes, as well as for the MHSIP Summary score. The survey of parents/guardians of children and youth for the last two years showed a very similar pattern. Thus it appears reasonable to conclude that there are meaningful effects for all three populations surveyed. These results indicated that those who are still receiving services were more satisfied compared to those who reported that they were no longer receiving services.

Parents/guardians were also asked how their children became involved with services. For the first time youth were also asked how they 'decided' to begin receiving services. In contrast to the adult consumer populations relatively few parents/guardians or youth reported that they chose these services. Rather about an equal number in each group reported that they had been encouraged to receive services on the one hand, or had been forced to receive services on the other.

There were no interpretable differences when comparing the Youth respondents. Parents/Guardians of children and youth, however, showed a different pattern than had previously been found. Specifically for all domains except for Cultural Sensitivity and for the MHSIP Overall, the small number of parents/guardians who reported that they had chosen to start services for their children/youth on their own were significantly more satisfied than were the parents/guardians in the other two groups. It is likely that at least one more year of data will be necessary in order to be able to interpret this result.

As has been said previously the State would derive several benefits from continuing this survey annually. Differences that existed among Providers of mental health services to youth were still not as discriminating as would be desired even when all samples were combined. The ability to detect such differences was still not large because of the small sample size relative to the number of such Centers. That is, if respondents had been distributed equally over the eleven Centers each

Center would have been assessed by approximately thirty-five youth. This would be a sufficient number of respondents per Center to detect meaningful differences that might exist. In actuality, even with the combined data two of the Centers still have fewer than 15 respondents (fourteen respondents, to be exact). These also are the two Centers that tended to have the most positive and the most negative ratings on the MHSIP domains.

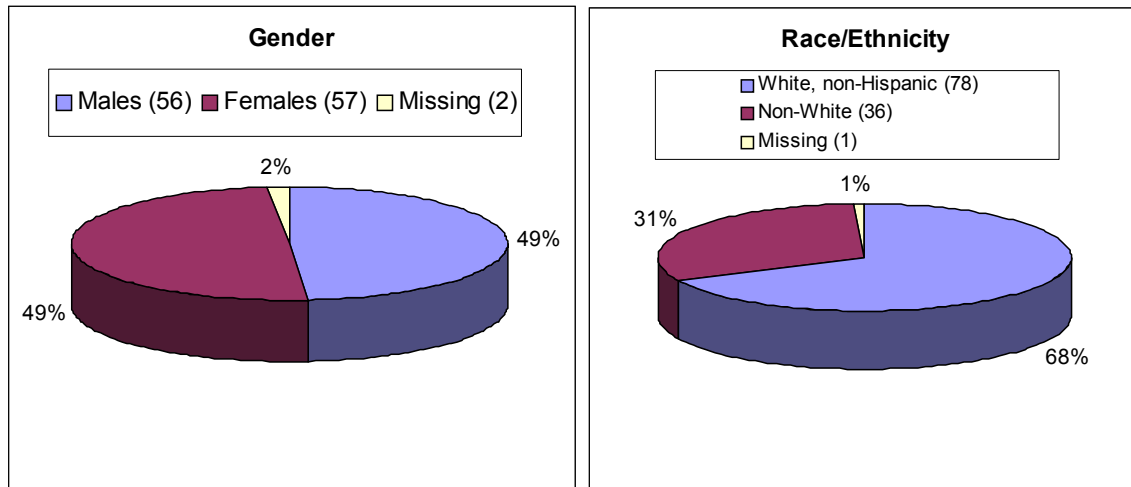
Thus one challenge now is for the State is to continue to increase the number of respondents who take this survey. This can best be done by a) continuing to replicate the survey each year, b) to the extent possible increase the number of youth respondents from each of the Centers, and c) continuing the survey for Families of Children and Youth.. Over several years this would allow the State to determine if true differences among the Centers exist in each of these populations. It would also allow the Department to monitor possible statewide trends in responses to the MHSIP survey.

It would also be desirable to go beyond consumer surveys and get a broader picture of the performance of the Centers by assessing other data kept by the State's MIS systems. Such additional analyses could include penetration rates of the Providers, analysis of the services provided, and recidivism rates of their consumers. Such additional analyses would allow an assessment of the relative strengths and weaknesses of each of the regions of the State.

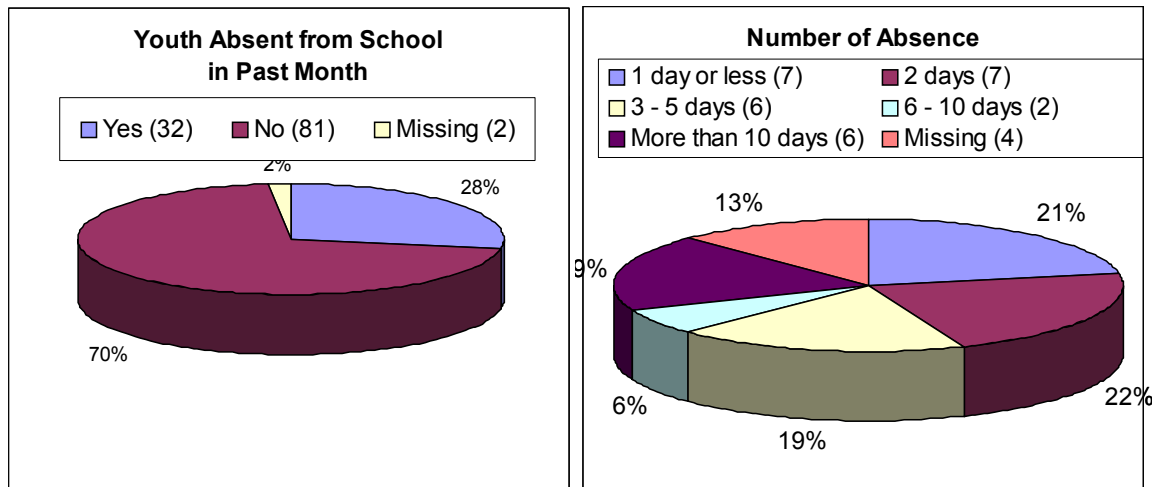
Appendix A.

Youth 2004 Survey: Results from Demographic Questions on Survey

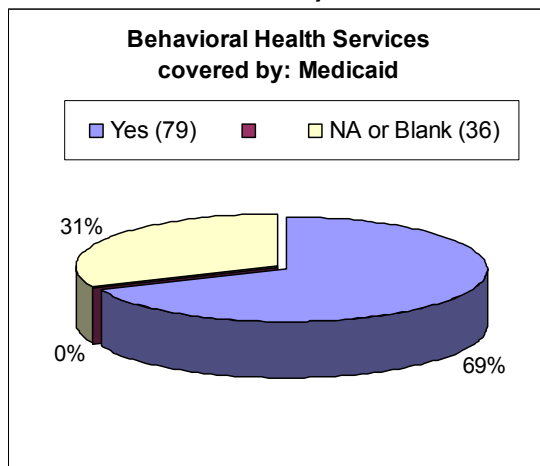
Gender and Race/Ethnicity



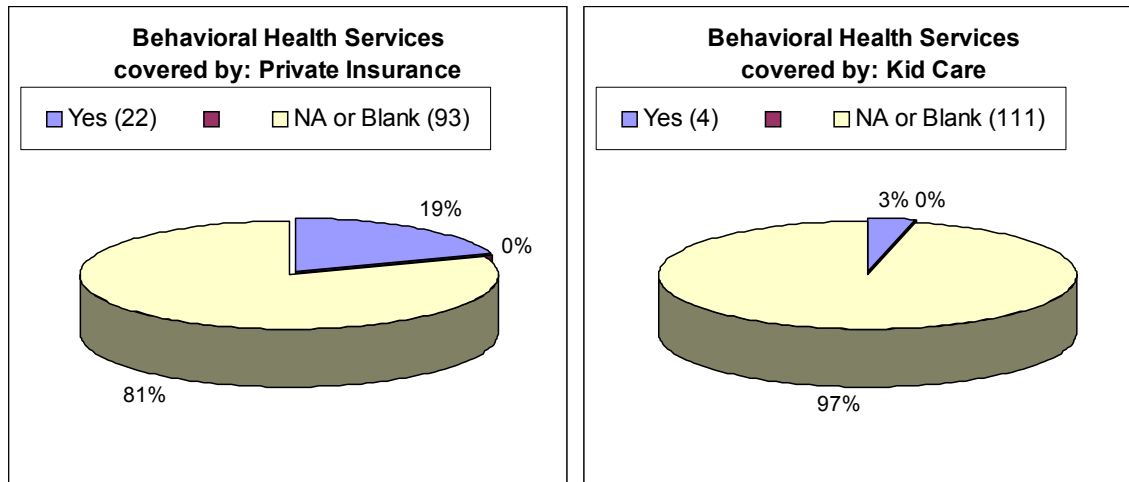
Whether Youth Absent from School Past Month, and Number of Absences



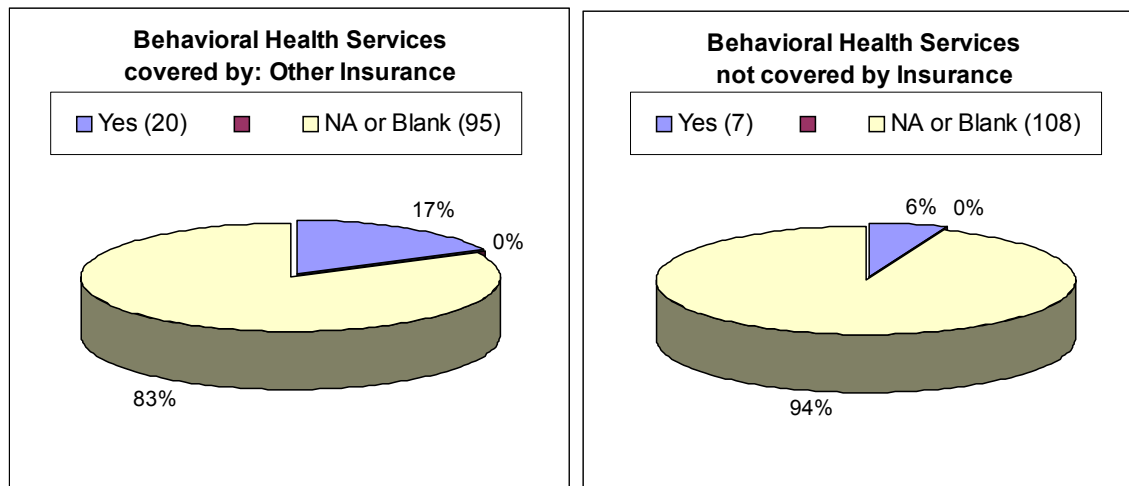
Whether Covered by Medicaid Insurance:



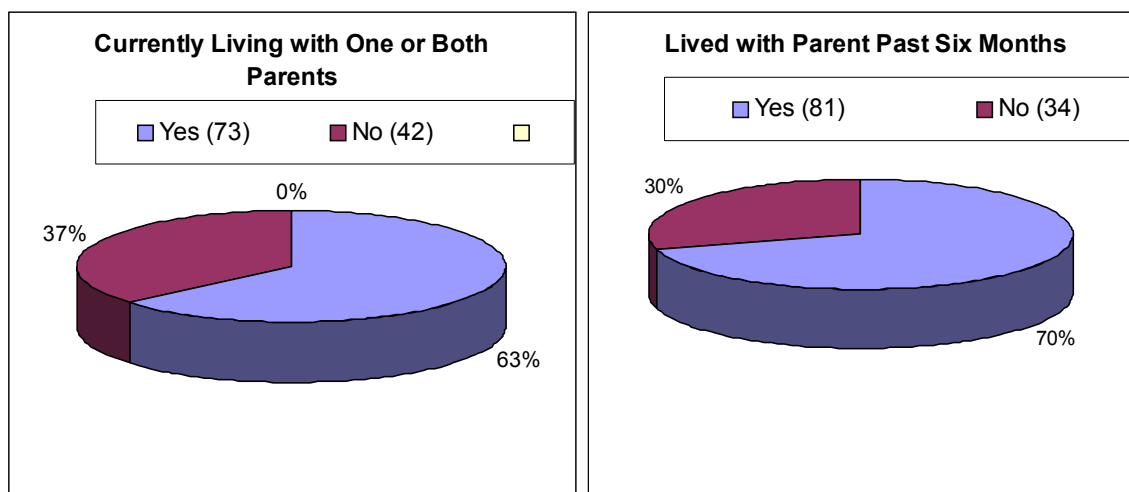
Whether have Private Insurance or Whether have Kid Care:



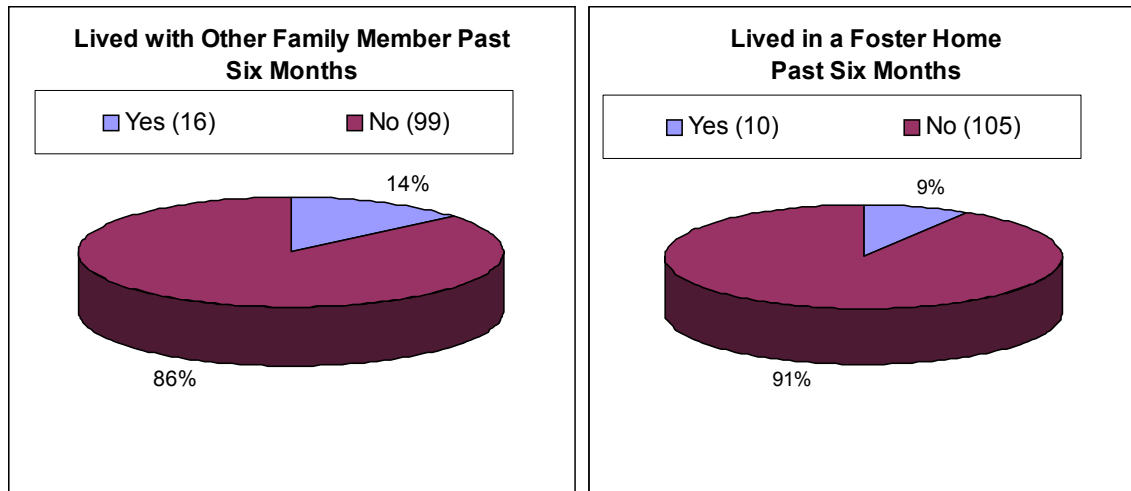
Whether have Other Insurance or Have No Insurance:



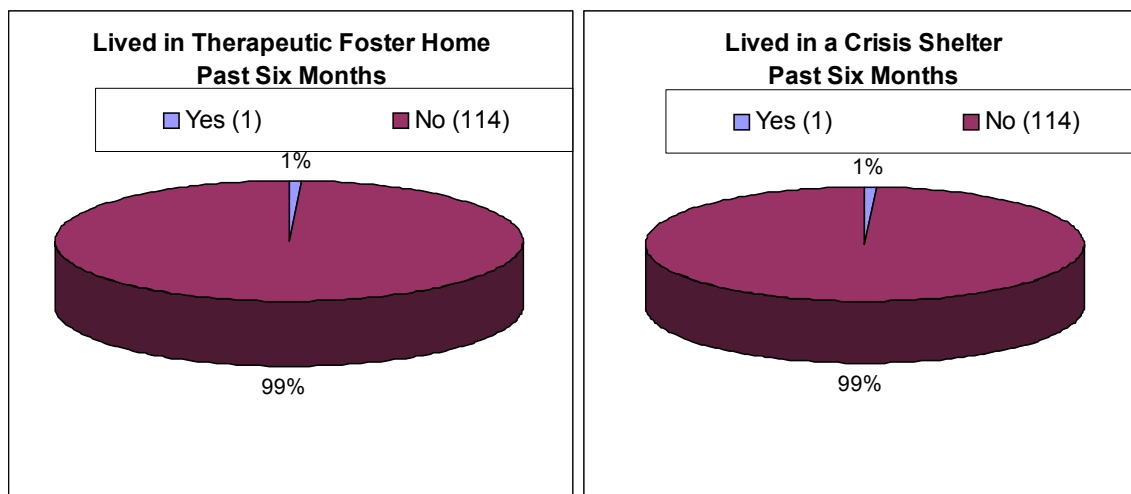
Whether Youth Currently Living with Parent(s) and Whether Youth Lived with Parents in Past Six Months



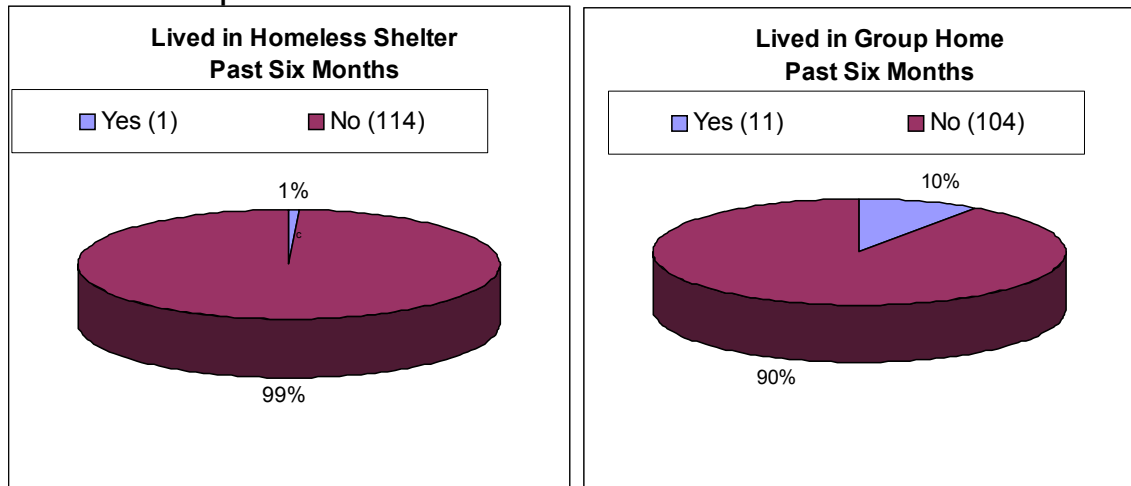
Whether Youth Lived with Other Family Member in Past Six Months and Whether Lived in a Foster Home Past Six Months



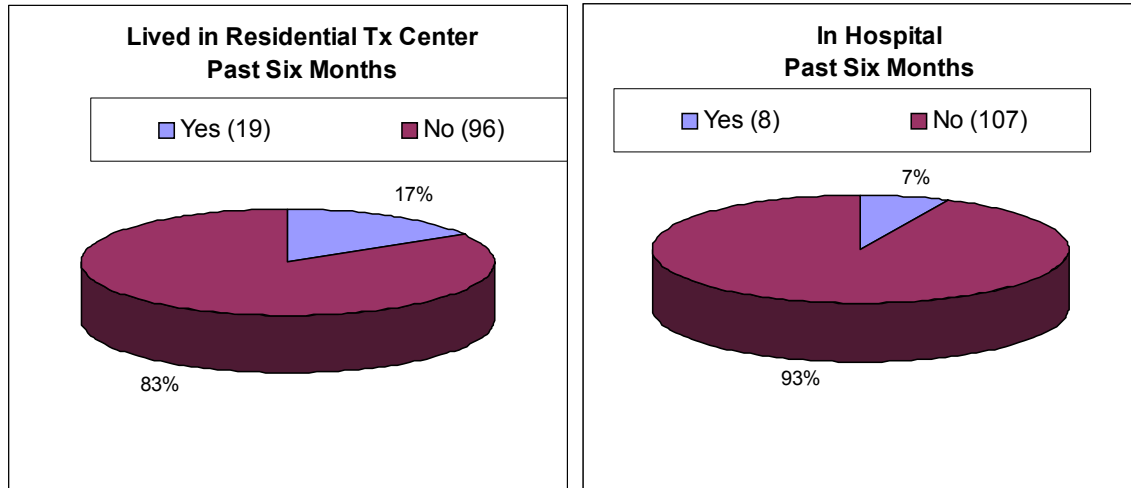
Whether Youth Lived in a Therapeutic Foster Home in Last Six Months and Whether Lived in a Crisis Shelter Past Six Months



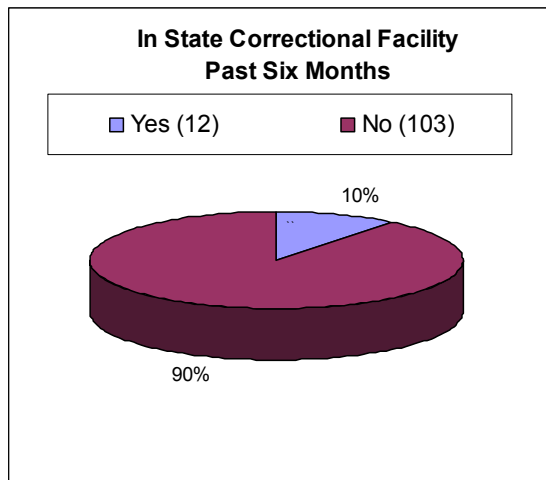
Whether Youth Lived in a Homeless Shelter Past Six Months and Whether Lived in Group Home Past Six Months



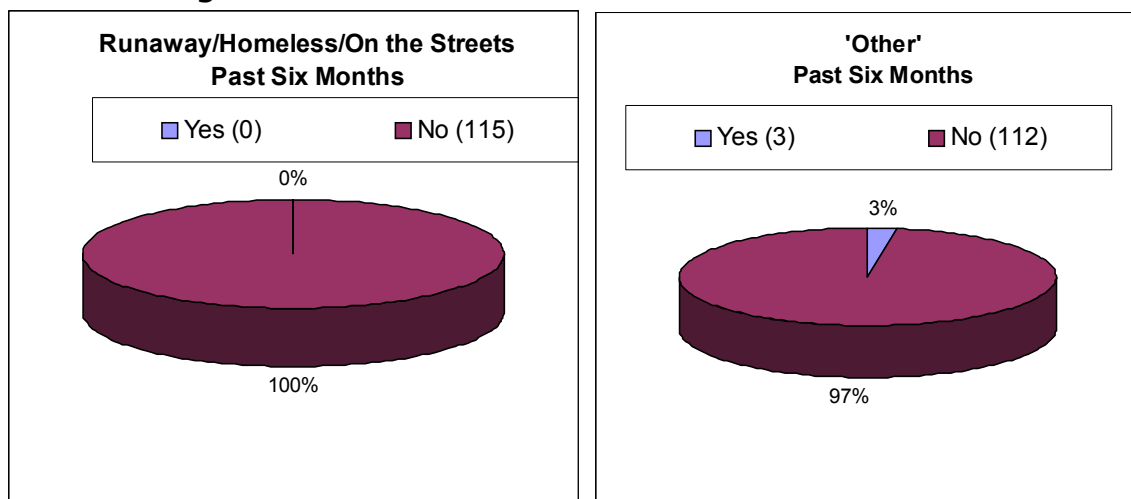
Whether Youth Lived in a Residential Tx Center Past Six Months and Whether in Hospital Past Six Months



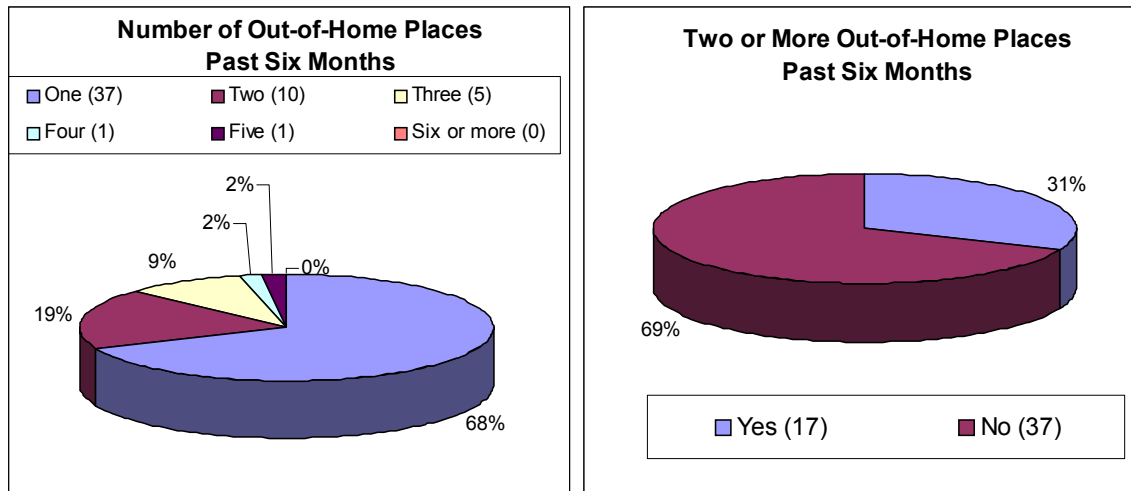
Whether Youth Lived in Local in State Correctional Facility Past Six Months



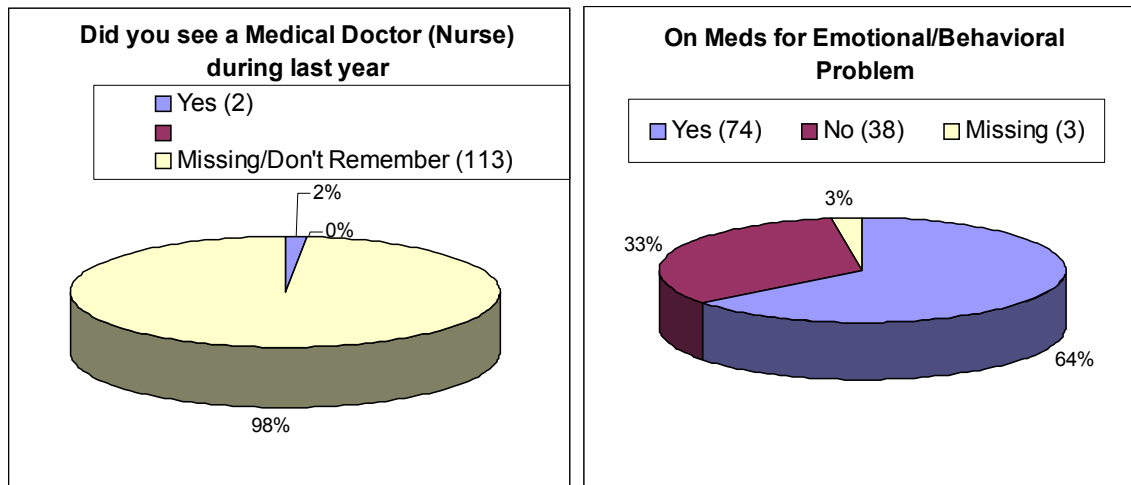
Whether Youth Runaway/On the Streets Past Six Months and Whether 'Other' Living Situation Past Six Months



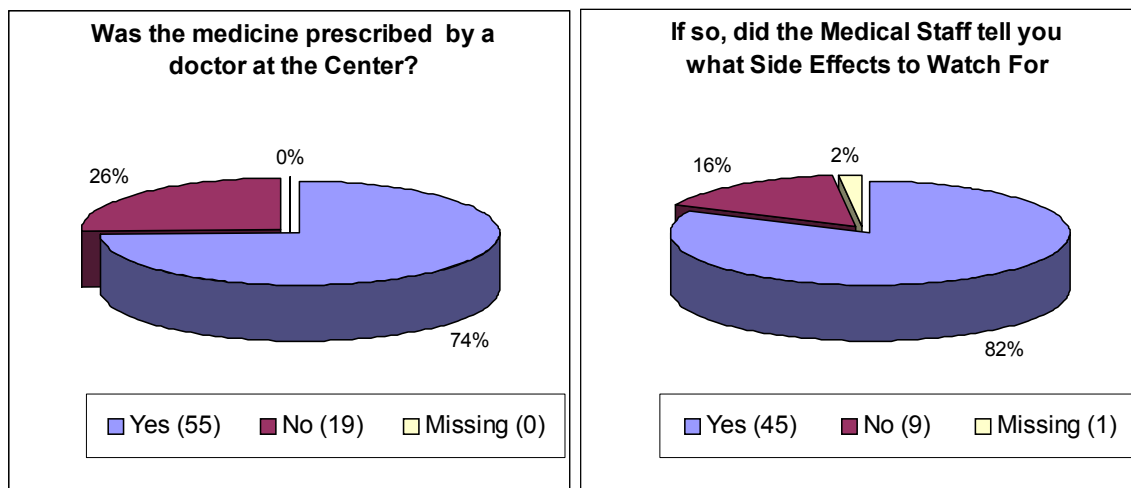
The Number of Out-of-Home Placements During the Last Six Months, and the Percentage of Youth with Two or More Out-of-Home Placements



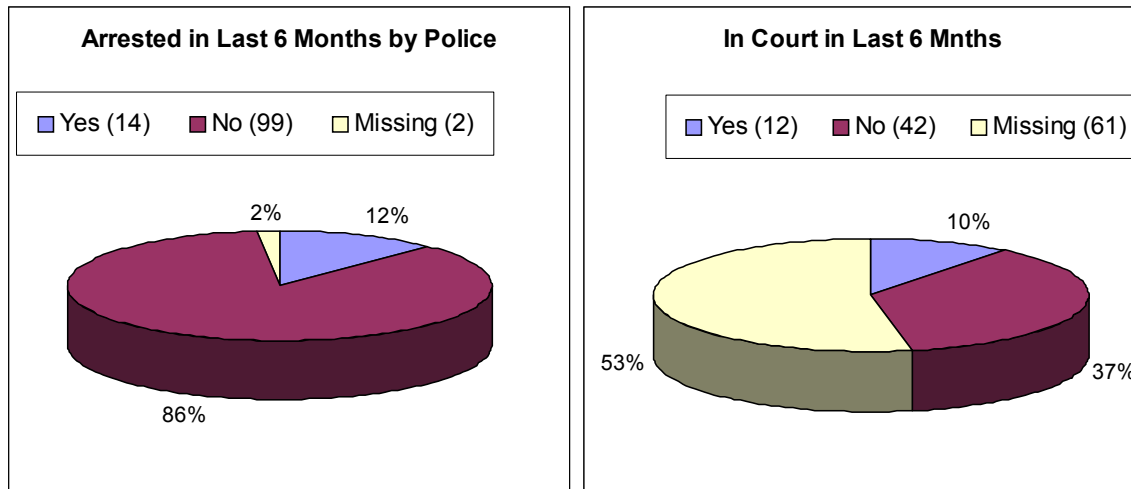
Whether Youth Saw Doctor/Nurse for Check Up/Sick, and was Youth on Meds for Behavioral or Emotional Problems,



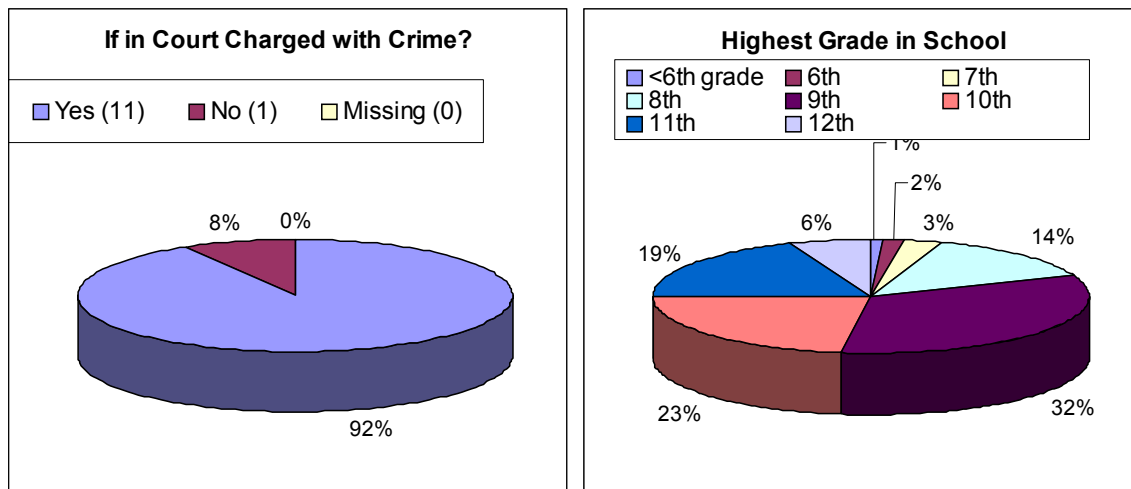
Was the Medicine Prescribed by a Doctor at the Center, and Did the Doctor or Nurse Warn about Possible Side Effects:



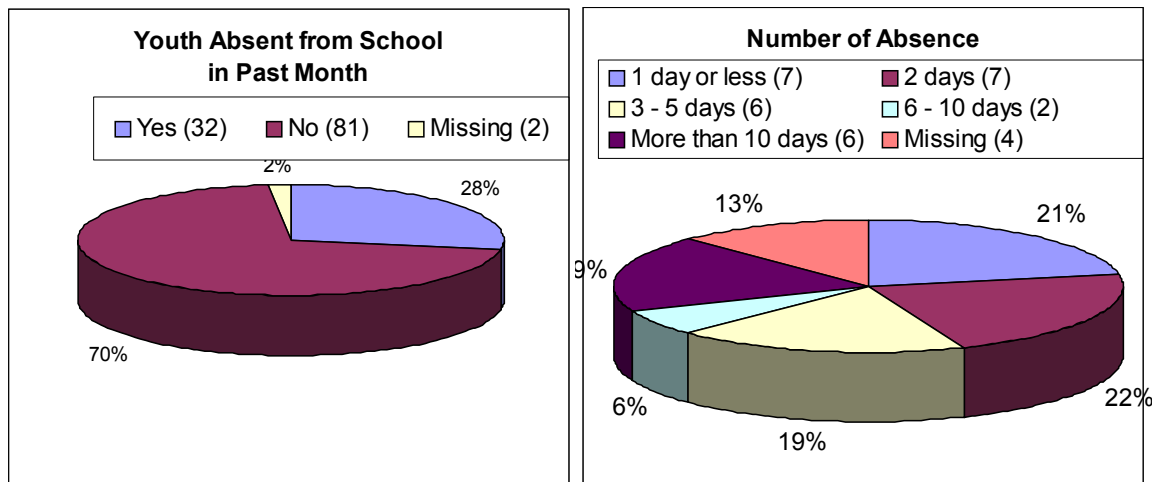
Whether the Youth Arrested in Last 6 Months, and Whether Appeared in Court in past Six Months:



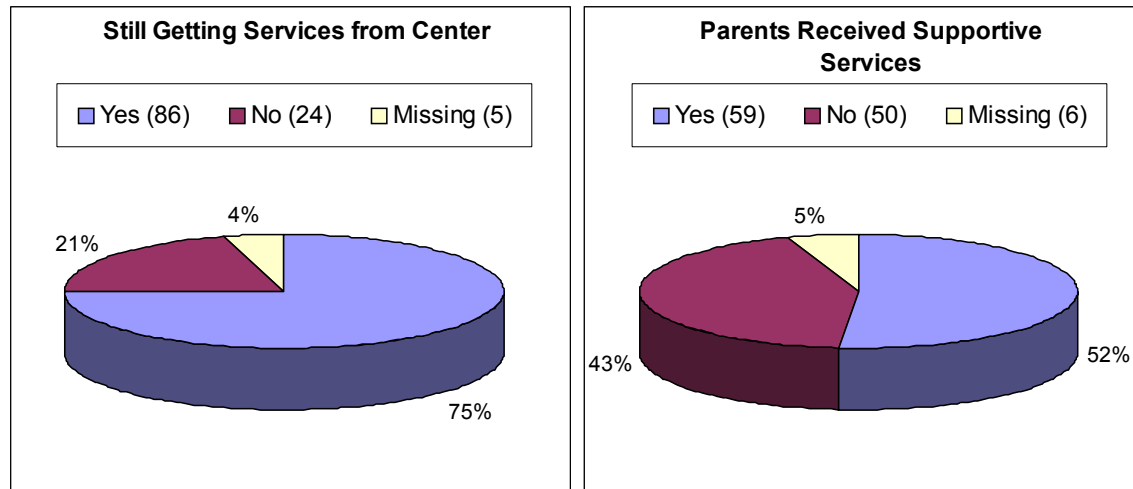
Whether if Been to Court Were You Charged With a Crime? Highest Grade in School



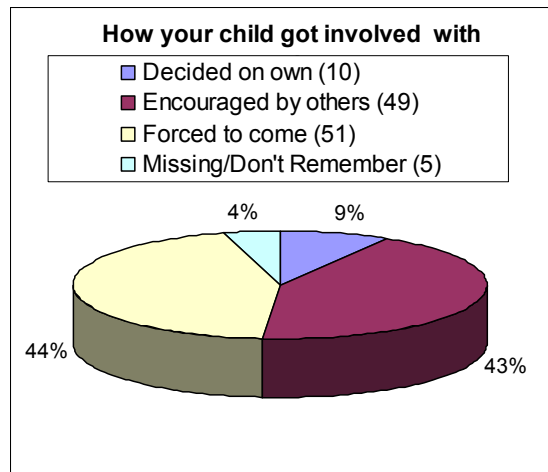
Whether Youth Absent from School in Past Month, and if so, Number of Absences



Whether Still Receiving Services from This Center, and Whether Parents Received Supportive Services



Reasons For Starting to Receive Services from This Center

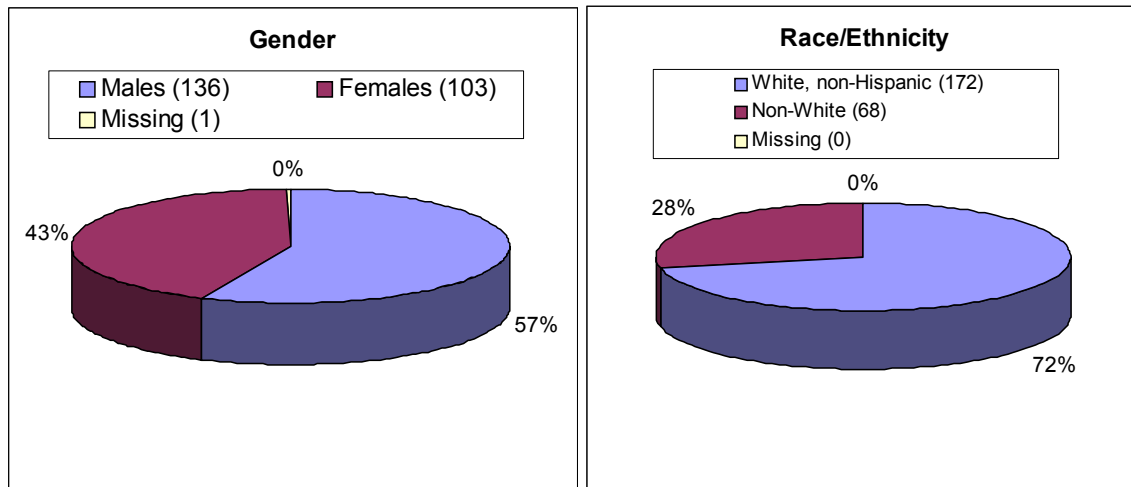


Appendix B.

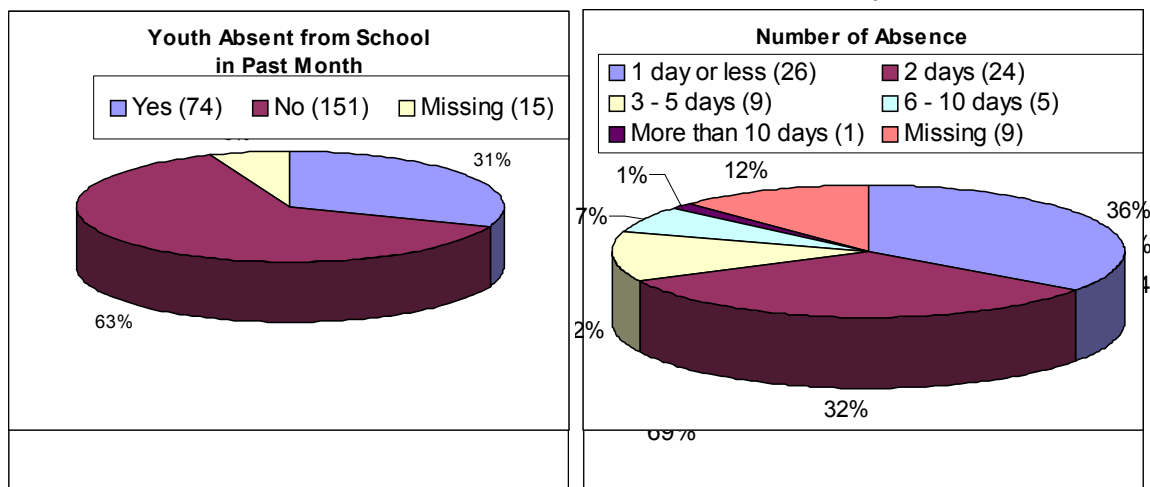
Family of Children and Youth 2004 Survey:

Results from Demographic and Other Questions on Survey

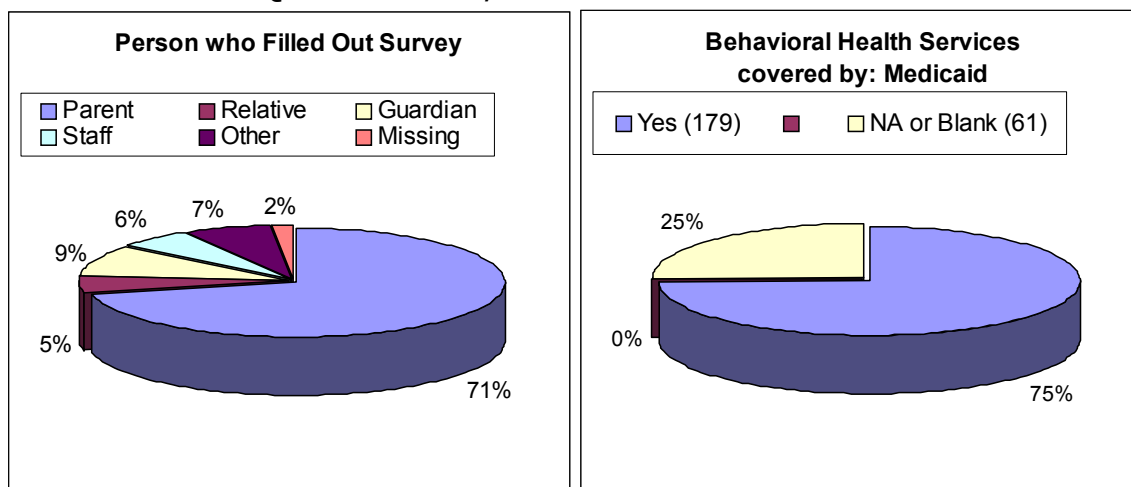
Gender and Race/Ethnicity



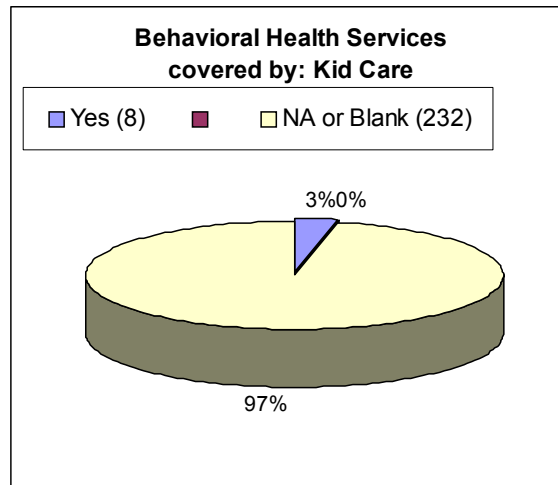
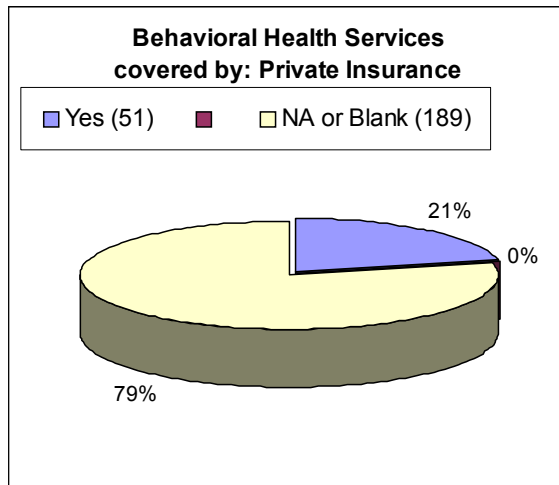
Whether Child/Youth Absent from School Past Month, and No. of Absences



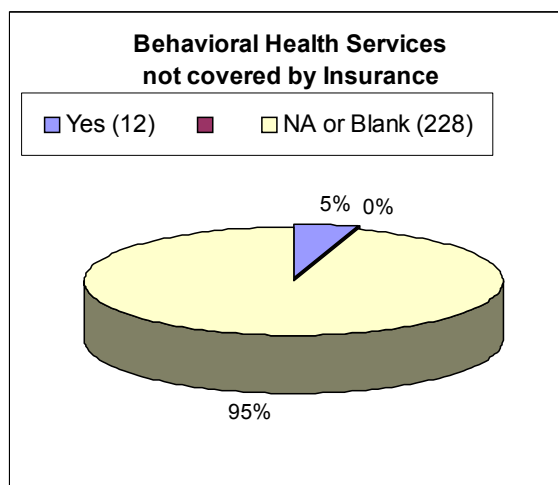
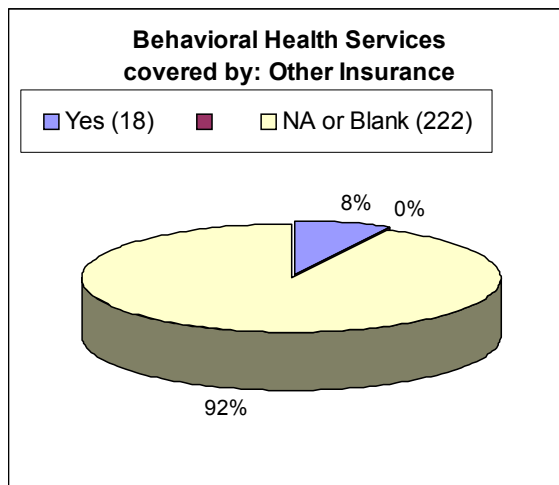
Who Filled Out Questionnaire, and Whether have Medicaid Insurance



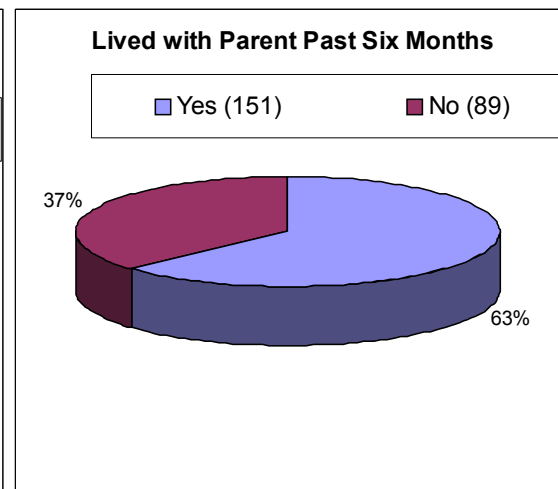
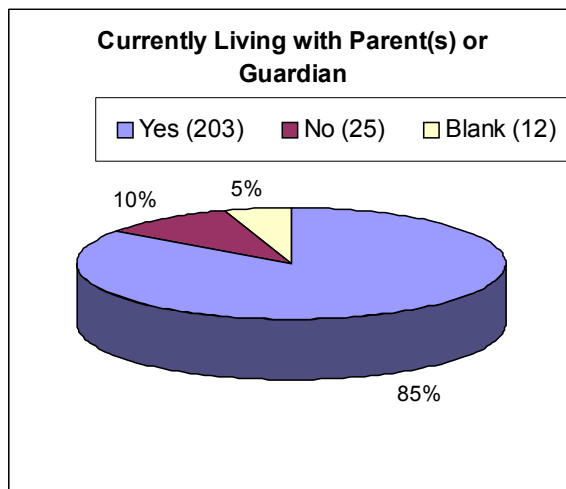
Whether have Private Insurance; Whether have Kid Care:



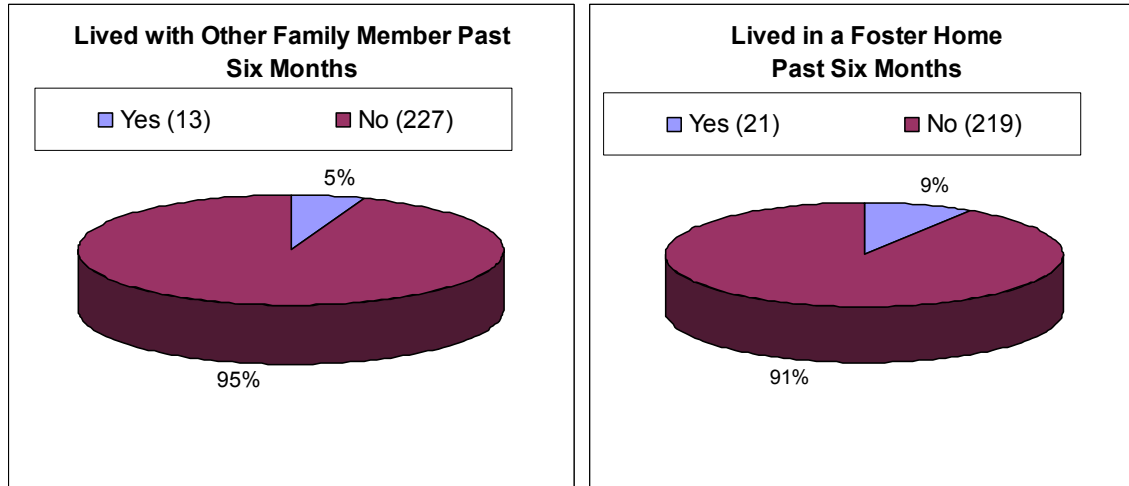
Whether have Other Insurance or Have No Insurance:



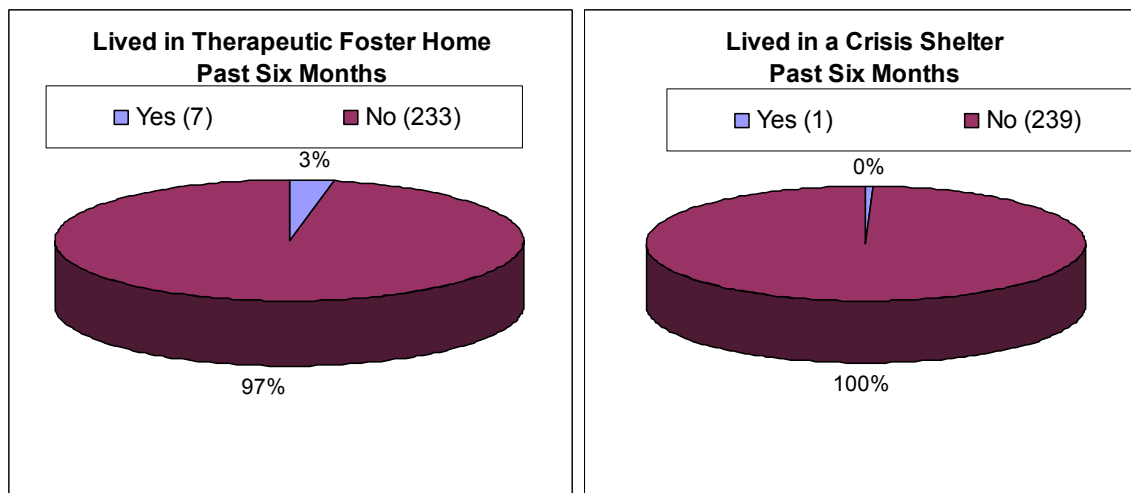
Whether Child/Youth Currently Living with Parent(s)/Guardian and Whether Lived with Parents in Past Six Months



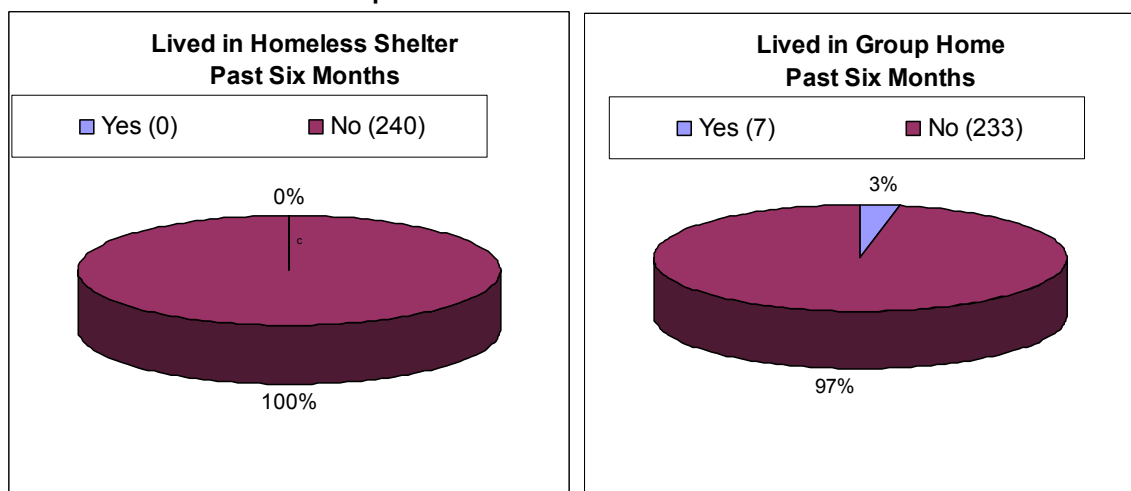
Whether Child/Youth Lived with Other Family Member in Past Six Months and Whether Lived in a Foster Home Past Six Months



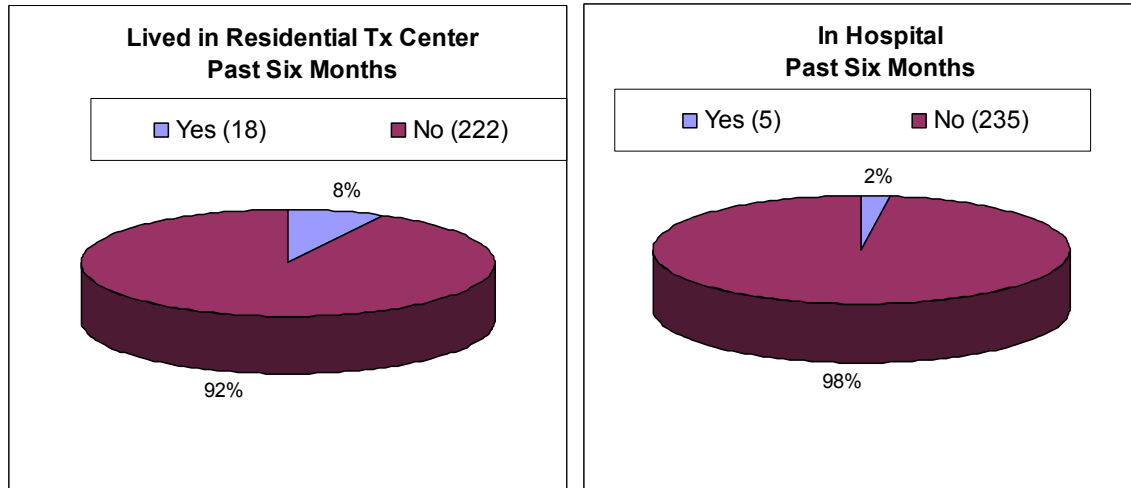
Whether Child/Youth Lived in a Therapeutic Foster Home in Last Six Months and Whether Lived in a Crisis Shelter Past Six Months



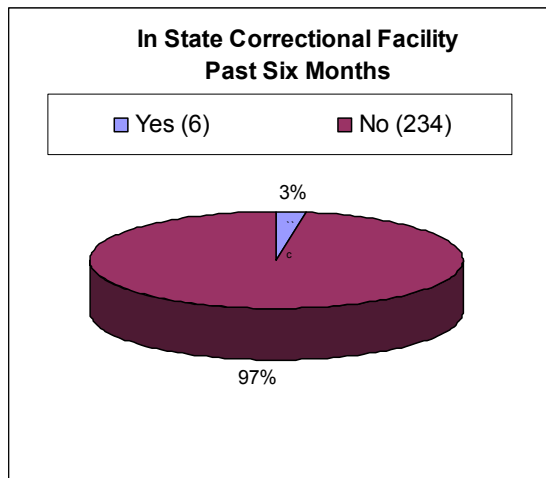
Whether Child/Youth Lived in a Homeless Shelter Past Six Months and Whether Lived in Group Home Past Six Months



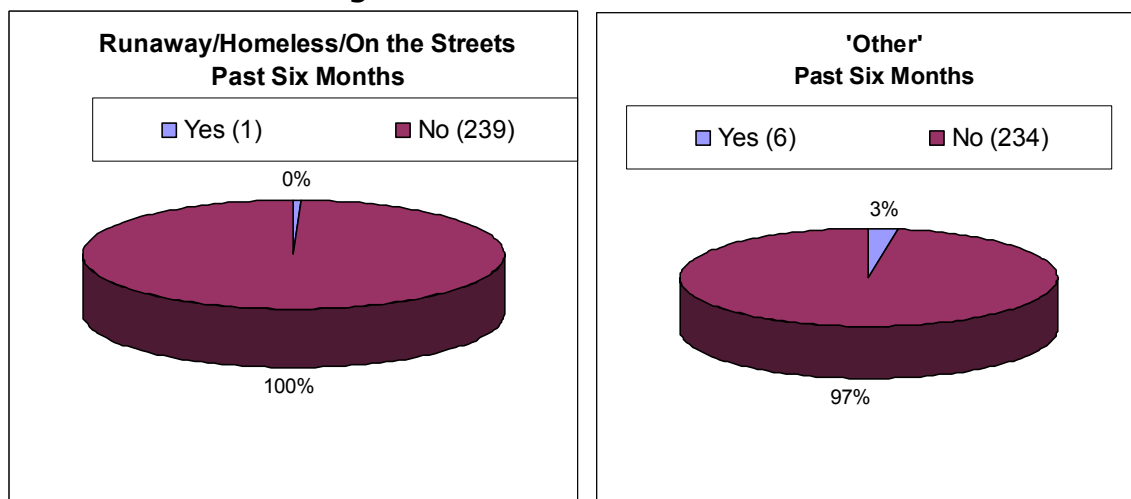
Whether Child/Youth Lived in a Residential Tx Center Past Six Months and Whether in Hospital Past Six Months



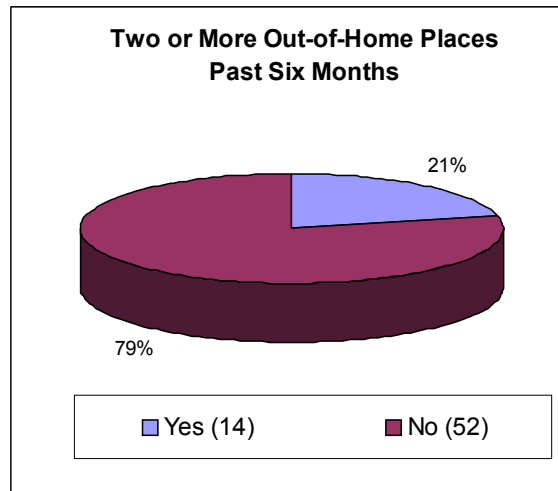
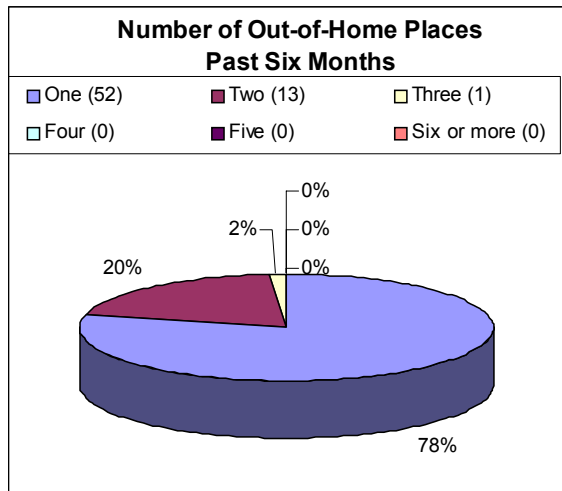
Whether Child/Youth Lived in State Correctional Facility Past Six Months



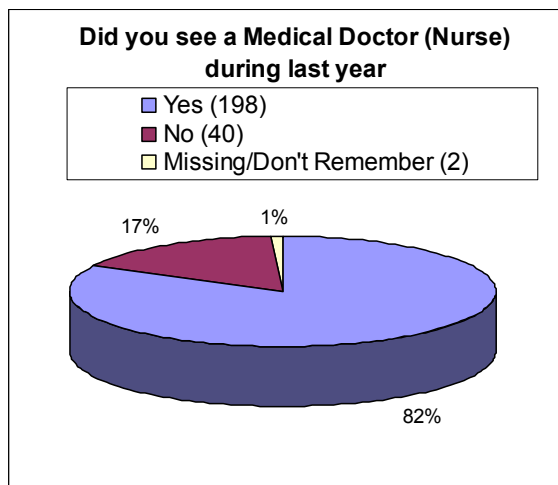
Whether Child/Youth Runaway/On the Streets Past Six Months and Whether 'Other' Living Situation Past Six Months



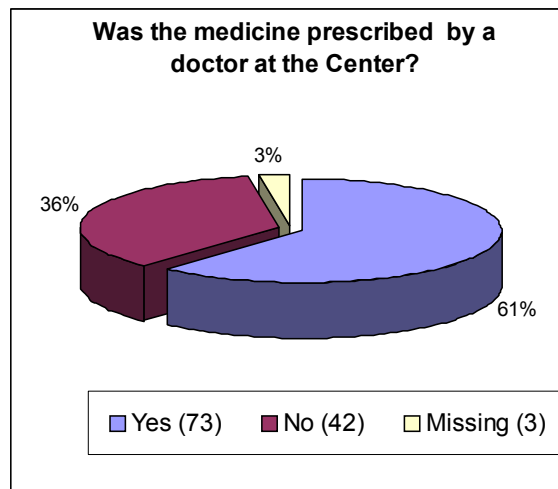
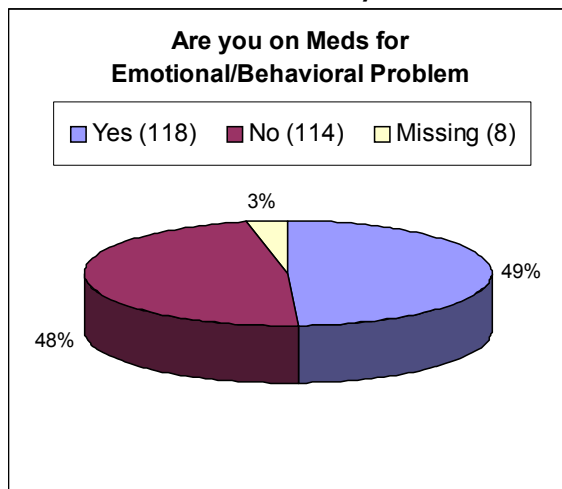
The Number of Out-of-Home Placements During the Last Six Months, and the Percentage of Children/Youth with Two or More Out-of-Home Placements



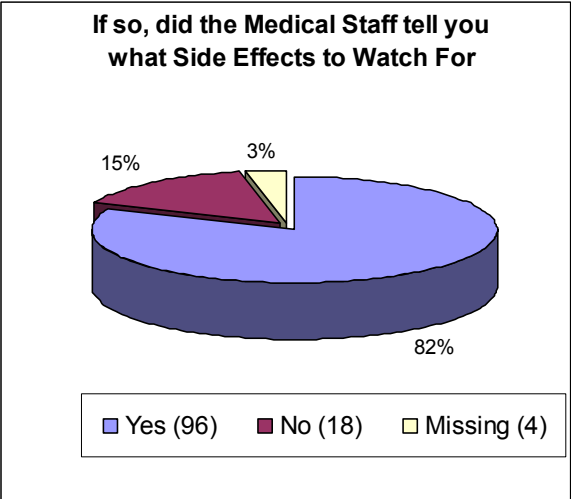
Whether Child/Youth Saw Doctor/Nurse for Check Up/Sick:



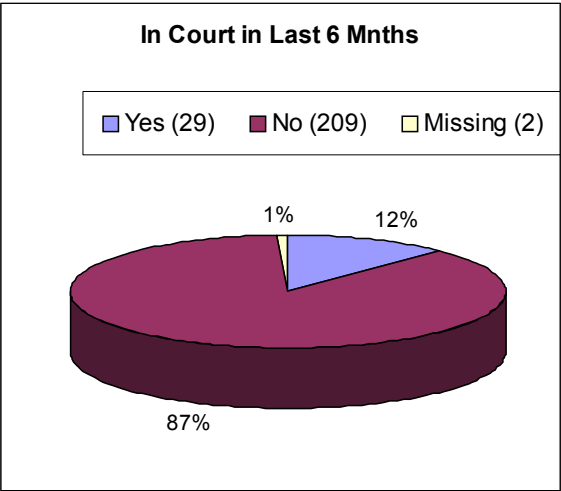
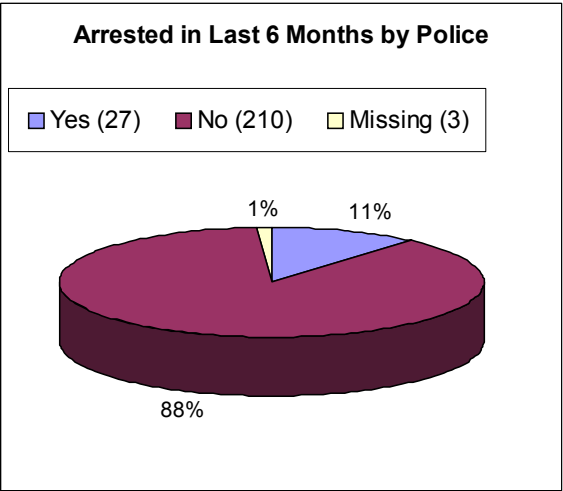
Child/Youth on Meds for Behavioral or Emotional Problems, and Was the Medicine Prescribed by a Doctor at the Center



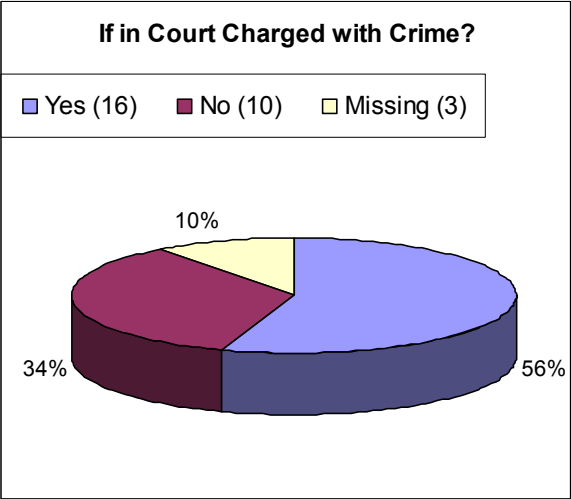
Did the Doctor or Nurse Warn about Possible Side Effects:



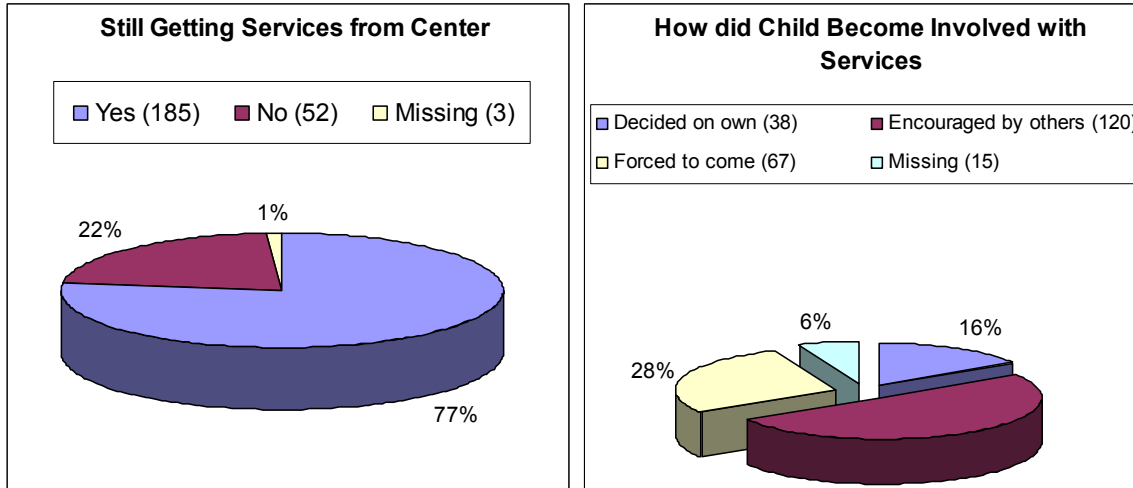
Whether the Child/Youth Arrested in Last 6 Months, and Whether Appeared in Court in past Six Months:



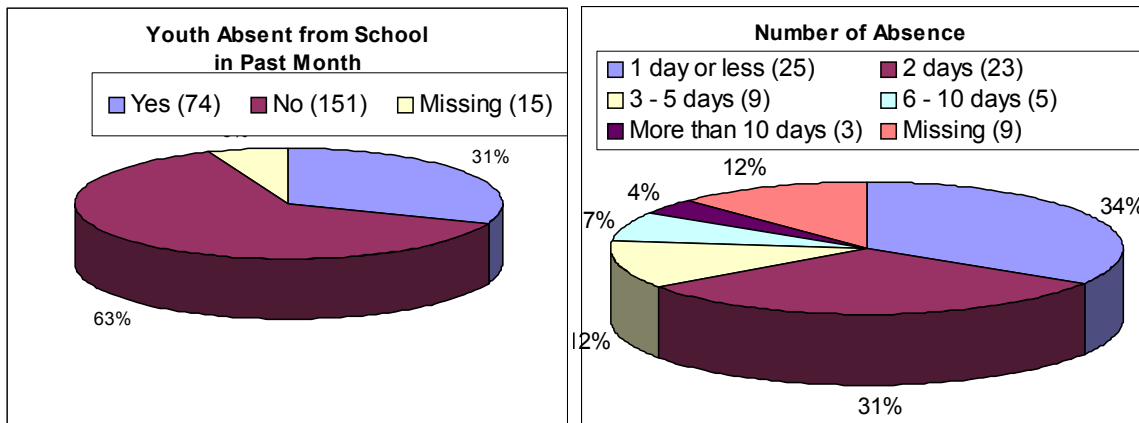
Whether if Been to Court Were You Charged With a Crime?



Whether Still Getting Services from Center and How Child Became Involved with Services



Whether Child/Youth Absent from School in Past Month, and if so, Number of Absences



Whether Parents Received Supportive Services

